



THE RHODE ISLAND BREASTFEEDING COALITION & THE RHODE ISLAND DEPARTMENT OF HEALTH

BREASTFEEDING RESOURCE DIRECTORY FOR HEALTH CARE PROFESSIONALS 2005-2006



ACKNOWLEDGMENTS

The Rhode Island Breastfeeding Coalition would like to thank the Rhode Island Department of Health Special Supplemental Nutrition Program for Women, Infants, and Children for updating and printing this latest edition of the Rhode Island Breastfeeding Resource Directory. We would like to acknowledge the work and efforts of Sandy Marsella and the members of the coalition, without whose help this project would not have been possible.

**This resource directory and updated information are available at
www.health.ri.gov/family/breastfeeding.pdf**

TABLE OF CONTENTS

INTRODUCTION

Introductory Statements.....	2
The WHO/UNICEF Baby Friendly Hospital Initiative	4

PRENATAL & POSTPARTUM SUPPORT

Women, Infants, and Children (WIC) Program	6
Prenatal Breastfeeding Classes	8
Breastfeeding Warm-Lines	9
Outpatient Lactation Support.....	10
Postpartum Breastfeeding Support Groups/Classes	12

LOCAL & NATIONAL RESOURCES

Breastfeeding Laws in Rhode Island	16
Breast Pump Medical Insurance Coverage.....	17
Breast Pump Rental/Sales	19
Mothers' Milk Banks	21
Websites	23
Videotapes.....	28
Catalogues and Publishers	31
Books for the Nursing Mother	33
Nursing Clothes and Accessories.....	35

CLINICAL INFORMATION & RESOURCES

Criteria for Breastfeeding Referral	38
Information Lines/Websites for Professionals	39
Resource Texts for Professionals	40
Continuing Education in Lactation Management/Breastfeeding	42

BREASTFEEDING TOOLS & GUIDELINES

Guidelines for Managing Common Breastfeeding Problems.....	44
Ages and Stages: Breastfeeding During Your Baby's First Year	57
Frequently Asked Questions about Breastfeeding	64
Tips and Resources for Breastfeeding Mothers.....	72
Tips for Childcare Providers.....	74
Birth Weight Conversion Tables.....	76

ABOUT THIS RESOURCE DIRECTORY

Dear Health Care Professional,

During this special time in a woman's life, an expecting or breastfeeding mother may have questions or concerns about breastfeeding her child. There are numerous resources available to mothers and health care professionals to help answer those questions and provide useful information, services, and support.

In this resource directory you will find breastfeeding resources including classes, support services, books, videos, websites, and professional services. In addition, this directory has tools and guidelines that health professionals can turn to for easy access to information on managing common breastfeeding problems. It is our hope that you will become familiar with the information available in this resource directory so that you may be of great help to the next mother who needs information or support to make her breastfeeding experience a positive one.

With best regards,



Michael W. Fink, BA, ICCE, IBCLC
Chair, Rhode Island Breastfeeding Coalition
Prenatal Education Coordinator, Memorial Hospital
Lactation Consultant, State WIC Program



Erin E. Dugan, MPH, CLC
Secretary, Rhode Island Breastfeeding Coalition
WIC Breastfeeding Coordinator, RI Department of Health

THE RHODE ISLAND BREASTFEEDING COALITION

POSITION PAPER ON BREASTFEEDING

As a multidisciplinary group of health professionals and consumers, the Rhode Island Breastfeeding Coalition recognizes breastfeeding as the optimal method of infant feeding. To date, a large body of scientific literature regarding infant feeding indicates that human milk provides infants with ideally balanced nutrients and immunologic protection against infection and allergies that is unparalleled by breast milk substitutes. Breastfeeding has been shown to decrease infant mortality and morbidity, thereby reducing health care expenses. Breastfeeding also offers a unique opportunity for strong mother-infant attachment. As the physiologic completion of the reproductive cycle, breastfeeding provides numerous maternal health benefits. All of these advantages cost little or nothing to the family.

In order to optimize the health of Rhode Island's maternal and infant population, it is the position of the Rhode Island Breastfeeding Coalition to encourage the following:

- » All parents will be provided with adequate information during the prenatal period about the maternal and infant benefits of breastfeeding.
- » Hospitals and clinics will develop and implement written protocols that reflect current research regarding the management and support of breastfeeding.
- » All health care professionals will receive accurate basic and ongoing training in the theoretical and practical aspect of breastfeeding management.
- » Industry and the private sector will adopt policies that facilitate the continuation of breastfeeding.
- » Community support services will be expanded and will meet the educational and support needs of breastfeeding families from all cultural backgrounds.
- » Public awareness of the importance of breastfeeding will be heightened through various educational and promotional efforts.

The goal of the Rhode Island Breastfeeding Coalition is to increase the incidence and duration of breastfeeding for the maternal and infant populations of Rhode Island. We strive to meet the breastfeeding objectives outlined in Healthy People 2010 which state that by the year 2010, 75% of women will leave the hospital breastfeeding, 50% will continue to breastfeed for 6 months, and 25% will continue breastfeeding for 12 months.

THE WHO/UNICEF BABY FRIENDLY HOSPITAL INITIATIVE

In 1992, the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) launched the "Baby-Friendly Hospital Initiative," a global program developed to encourage and recognize hospitals and maternity centers that offer an optimal level of care for lactation.

The "Baby-Friendly Hospital Initiative" assists hospitals in giving breastfeeding mothers the information, confidence, and skills they need to successfully initiate and continue breastfeeding their babies. To become 'Baby-Friendly,' hospitals and maternity centers must practice each of the 10 steps to successful breastfeeding developed by WHO and UNICEF.

TEN STEPS TO SUCCESSFUL BREASTFEEDING

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one half-hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice 'rooming in' by allowing mothers and babies to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

← | PRENATAL & POSTPARTUM SUPPORT



SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)

The WIC Program provides breastfeeding education to women prenatally and provides support for breastfeeding mothers. In addition to the WIC nutritionists, many local WIC agencies also have trained Breastfeeding Peer Counselors who work with WIC clients prenatally and for the duration of their breastfeeding experience.

BVCHC Health Center

Central Falls.....724-7134

Pawtucket722-0082

Breastfeeding Peer Counselor: Janet Gutierrez

Chad Brown Health Center

International Institute831-0020

Providence831-0020

Comprehensive Community Action Program, Inc.

Cranston946-4650

Coventry.....828-5335

East Bay Community Action Program

Bristol253-7577

East Providence.....437-1007

New Visions Health Center847-7821

Florence Gray848-6682

Tiverton625-1364

Breastfeeding Peer Counselor: Esther Trneny

Westbay Community Action, Inc.

Warwick732-4660

West Warwick826-3230

Providence Community Health Centers, Inc.

Allenberry Health Center	444-0570
Olneyville Health Center	444-0540
Capitol Hill Health Center	444-0550
Central Health Center	444-0580
Fox Point Health Center	444-0530

Breastfeeding Peer Counselors: Ana Jourdain and Janice Lopez

St. Joseph Health Services

Providence	456-4045
------------------	----------

Thundermist Health Center

Woonsocket	767-4109
Manville	769-8917

Thundermist Health Center of South County

Wakefield	783-0523
-----------------	----------

Tri-Town Economic Opportunity Committee

Johnston	351-2750
Burrillville	567-0510
<i>Breastfeeding Peer Counselor: Elaine DeSisto</i>	351-2750 x1108

Women & Infants Hospital

Providence	274-1122 x2768
------------------	----------------

WIC-sponsored lactation consultants: Michael Fink and Sue Martin

Wood River Health Center

Hope Valley	539-2461
Westerly	539-2461
<i>Breastfeeding Peer Counselor: Wendy Costa</i>	539-2461 x138

State WIC Office	800-942-7434
-------------------------------	--------------

<i>State WIC Breastfeeding Coordinator: Erin Dugan</i>	222-1380
--	----------

PRENATAL BREASTFEEDING CLASSES

Health insurance may cover the cost of these classes.

Memorial Hospital English: 729-2510

Two-hour monthly breastfeeding classes offered in English. Spanish: 729-2800

Spanish classes also available. Women welcome to return for help.

\$15 fee or covered by some insurers.

Kent County Hospital 737-7010 x1966

Class held the second Friday of each month. \$15 fee.

La Leche League of Rhode Island

La Leche League encourages women to attend meetings prenatally for information and support. See *page 13* to find the La Leche League leader closest to you. No fee.

Landmark Medical Center, Woonsocket Unit 769-4100 x2043

Breastfeeding classes held once a month on Thursdays. \$10 fee.

Newport Hospital 845-1133

Prenatal breastfeeding classes offered once a month on the second Tuesday of the month. \$17 fee. 845-1110

South County Hospital 782-8020 x1999

Breastfeeding classes offered every seventh Wednesday, 7:00 p.m. – 9:00 p.m.

Westerly Hospital 348-3365

Prenatal breastfeeding classes offered every six weeks on a Tuesday, 6:00 p.m. – 8:00 p.m.
\$15 fee. Call to register.

Women & Infants Hospital 276-7800

Two-hour breastfeeding classes offered four to five times a month on variable evenings in Providence.
Classes also available in East Greenwich and Swansea, MA.
\$20 fee. Call to register.

BREASTFEEDING WARM-LINES

The following are hospital "warm-line" numbers that breastfeeding mothers may call upon discharge from the hospital should they have questions or concerns about breastfeeding.

Kent County Hospital737-7000 x3332

Leave a message and a lactation consultant
will return your call.

Landmark Medical Center769-4100 x2218

24-hour call-in assistance available.

Memorial Hospital729-2291

24 hour call-in assistance available.

Newport Hospital845-1110

24-hour call-in assistance available.

South County Hospital782-8020 x1226

Leave a message and a lactation consultant
will return your call.

Westerly Hospital348-2229

24 hour call-in assistance available.

Women & Infants Hospital800-711-7011

Monday – Friday, 9:00 a.m. – 9:00 p.m.

Saturday and Sunday, 9:00 a.m. – 5:00 p.m.

Leave a message and a nurse will return your call.

Appointments are available for mothers after hospital discharge.

Services are provided in English and Spanish.

OUTPATIENT LACTATION SUPPORT

Health insurance may cover the cost of these visits.

HOSPITAL-BASED OUTPATIENT SERVICES

Kent County Hospital737-7000 x3332

Postpartum mothers may call and make an appointment
to be seen by a lactation consultant.

Landmark Medical Center769-4100 x2218

Postpartum mothers may call and make an appointment
to be seen by a lactation consultant.

Memorial Hospital729-2510

Postpartum mothers may call and make an appointment
to be seen by a lactation consultant.

Newport Hospital845-1128

Appointments available most days. Best to call to schedule
an appointment between 8:00 a.m. and 4:00 p.m.
After hours, call the warm-line at 845-1110.

South County Hospital782-8020 x1226

Appointments available Mondays, Wednesdays and Fridays,
9:00 a.m. – 3:00 p.m. Available for calls daily.

Westerly Hospital348-2229

Appointments available Tuesday – Sunday, 7:00 a.m. – 3:00 p.m.
at Westerly Hospital. Available for calls 7:00 a.m. – 2:00 p.m. daily.
Appointments available Mondays, 10:00 a.m. – 3:00 p.m. at
Westerly Hospital Satellite at the Mystic Medical Center in Mystic, CT.
Call 860-572-1643 for appointments in Connecticut.

Women & Infants Hospital800-711-7011

Appointments available Monday through Saturday,
variable hours. Call to schedule appointments.
Monday – Friday, 9:00 a.m. – 9:00 p.m. and
Saturday and Sunday, 9:00 a.m. – 5:00 p.m.

LACTATION CONSULTANTS IN PRIVATE PRACTICE

An IBCLC is an International Board Certified Lactation Consultant who possesses the necessary skills, knowledge, and attitudes to facilitate breastfeeding. With a focus on preventive health care, they encourage self-care and parental decision-making prenatally and postnatally. In addition, IBCLC's use a problem solving approach to provide appropriate information, recommendations and referrals in a variety of settings.

Best Fed Associates

Kathleen Kelley Redman, RN, BSN, IBCLC508-384-3674
 Ann Marie D'Amico, RN, IBCLC523-3163
www.bestfed.net

Denise Fenick, RN, IBCLC742-5665
 Email: dmfenick@earthlink.net
 (Home visits only)

Healthy Babies, Happy Moms, Inc.742-1777
 Kathleen Moren, BSN, RN, IBCLC866-744-2229
 Email: kathy@healthybabieshappymoms.com
www.healthybabieshappymoms.com

Marie L. Woodard, BSN, RNC, IBCLC782-0742
 Email: Lari-marie@cox.net

Sharon Rapoza, BSN, IBCLC822-4811
 Email: cinnypot@yahoo.com

PHYSICIANS IN PRIVATE PRACTICE

Julie Taylor, MD, MSc, IBCLC729-2206
 Family Care Center Team B, Memorial Hospital
 111 Brewster Street, Pawtucket, RI 02860

Laura Viehmann, MD, FAAP, CLC728-9201
 Mill River Pediatrics, 126 Prospect Street, Pawtucket, RI 02860

Sandra Musial, MD, CLC

Narragansett Bay Pediatrics
 320 Phillips Street, Suite 101, Wickford, RI 02852295-4503
 70 Kenyon Avenue, Suite 101, Wakefield, RI 02879789-5924

POSTPARTUM BREASTFEEDING SUPPORT GROUPS/CLASSES

There is generally no fee associated with breastfeeding support groups unless otherwise indicated.

HOSPITAL-BASED SUPPORT GROUPS/CLASSES

Kent County Hospital737-7010 x1275

New mothers support group meets every Wednesday,
10:30 a.m. – 12:00 p.m. in the Women's Care Unit on the third floor.

La Leche League of Rhode Island

See listing on *page 13* to contact a La Leche League Leader
in your area to find out meeting times for support groups.

Memorial Hospital729-2510

Breastfeeding support group held on the
first Wednesday of the month, 10:00 a.m. – 11:30 a.m.
in the Family Care Center. Call to register.

Newport Hospital845-1110

Breastfeeding support group held on Thursdays,
12:30 p.m. – 2:30 p.m. in the Birthing Center on the 7th floor.

South County Hospital782-8020 x1999

Breastfeeding support group meets on the first
and third Tuesday of the month, 10:00 a.m. – 12:00 p.m.
in the Potter Conference Room.

Women & Infants Hospital276-7800

Breastfeeding classes for inpatients.
Special Care Nursery Mothers Group.
Call 886-4222 for information on Mothers Groups
in East Greenwich and Woonsocket.

LA LECHE LEAGUE INTERNATIONAL

La Leche League International is a non-profit organization that provides breastfeeding information and support to nursing mothers via telephone help and monthly meetings. Accredited by LLLI, volunteer leaders are experienced breastfeeding mothers who are familiar with the practical, physical, and psychological aspects of breastfeeding. For more information, contact the leader nearest you. Updated listings may be found on the web at www.lalecheleague.org or by calling La Leche League International at 847-519-7730.

Coventry, RI

Leaders: Amy941-2366
 Susan392-6917

Meetings: Second Monday of the month
 7:00 p.m. - 8:30 p.m.
 Kent Hospital Women's Care Unit
 Third Floor Conference Room

Cumberland and Lincoln, RI

Leaders: Patty333-2275
 Jennifer765-3542
 Erin727-0655

Meetings: Second Tuesday of the month
 10:30 a.m. – 12:00 p.m.
 Lincoln Public Library
 145 Old River Road (Route 126), Lincoln, RI

Newport, RI

Leader: Jamelle508-672-4440

Meetings: First Wednesday of the month
 10:00 a.m. – 11:30 a.m.
 St. Mary's Parish House
 Route 138, Portsmouth, RI

Providence, RI

Leaders: Wendy454-8712
 Wendi508-695-4835

Meetings: Third Thursday of the month
 10:00 a.m. – 11:30 a.m.
 Providence Public Library
 Rochambeau Branch
 708 Hope Street, Providence, RI

Washington County, RI

Leader: Lindsey789-2942

Meetings: Second Friday of the month
 10:00 a.m. – 11:30 a.m.
 Peacedale Library
 South Kingstown, RI

Somerset, MA

Leader: Polly508-673-5975

Meetings: Second Monday of the month
 6:00 p.m. – 7:30 p.m.
 Somerset Public Library
 1464 County Street, Somerset, MA

Wrentham, MA

Leaders: Lynn508-384-0232
 Dana508-222-2241

Meetings: First Thursday of the month
 10:30 a.m. – 12:00 p.m.
 Fiske Public Library
 Wrentham, MA

2 | LOCAL AND NATIONAL RESOURCES



BREASTFEEDING LAWS IN RHODE ISLAND

All Rhode Island laws and bills can be located through the Rhode Island General Assembly website at www.rilin.state.ri.us/gen_assembly/genmenu.html.

A list of national breastfeeding laws is posted on the National Conference of State Legislatures website: National Conference of State Legislatures, Maternal and Child Health, Breastfeeding Laws by State at www.ncsl.org/programs/health/breast.htm.

LAWS

R.I. Gen. Laws § 23-13.2-1 (2003) requires employers to reasonably accommodate a breastfeeding mother by providing flexible breaks and a safe, clean, private place to pump or breastfeed her child. (HB 5507A, SB 0151A)

R.I. Gen. Laws § 23-72-3 (2001) requires the Department of Health to prepare a consumer mercury alert notice. The notice shall explain the danger of eating mercury-contaminated fish to women who are pregnant or breastfeeding their children. (HB 6112)

R.I. Gen. Laws § 11-45-1 (1998) protects mothers breastfeeding in public from disorderly conduct laws. (HB 8103, SB 2319)

BREAST PUMP MEDICAL INSURANCE COVERAGE

Please note that the information listed below is accurate as of the date of publication. Specific details related to breast pump coverage by health plans changes frequently. Please contact the medical insurance provider for any updates.

RITE CARE MEMBERS

Members of Rite Care may be entitled to a manual or electric pump at no cost when their baby is in the NICU or as long as it is medically necessary* depending on the insurance provider. The insurance providers for Rite Care members include: Blue Chip, United Health Care, and Neighborhood Health Plan of Rhode Island (NHPRI).

Rite Care members can ask about obtaining a breast pump by contacting their physician. If breast pumps are a covered benefit, the physician will either write a prescription for a pump or call the health plan's durable medical equipment (DME) provider directly and request a breast pump for the patient. Most of the listed DME providers work with all types of health insurers. Additional breast pump rental stations are listed on the following pages.

*Medical Necessity includes the following conditions:

- » Baby unable to initiate breastfeeding due to medical conditions such as prematurity, oral defect, etc.
- » Temporary weaning due to:
 - » Mother/baby separation
 - » Mother's use of a medication or need for a diagnostic test that is contraindicated for breastfeeding
- » Inadequate milk supply
- » Engorgement
- » Breast infection
- » Ineffective latch

DME PROVIDERS

	PHONE	FAX
Dartmouth Medical Supply	508-997-1241	508-997-9739
471 Union Street, New Bedford, MA		
Denmark Home Medical	508-999-1239	508-990-8836
509 Kempton Street, New Bedford, MA		
Fall River Medical Supply	508-678-8365	508-678-3919
1429 Pleasant Street, Fall River, MA		
Kent County Home Medical Equipment	800-232-0644	736-1006
465 Tollgate Road, Warwick, RI	736-4294	
South County Surgical Supply	783-1850	783-2082
14 Woodruff Avenue, Narragansett, RI		
Vanguard Home Medical Equipment	468-1300	468-1309
155 Jefferson Boulevard, Warwick, RI	468-1333	
	(weekends)	

COMMERCIAL INSURANCE MEMBERS

Specific details related to breast pump coverage by health plans changes frequently. Please contact the medical insurance provider for details. Commercial insurers include: Blue Chip, United Health Care, NHPRI, Blue Cross/Blue Shield RI, Aetna, and several other insurers based both inside and outside of Rhode Island.

BREAST PUMP RENTAL/SALES

Electric breast pumps are available for the mother with special breastfeeding situations, including working mother and mothers with babies in special care nurseries.

Listed below are sources for electric breast pump rentals and sales in Rhode Island. For updated listings, contact the Women & Infants Hospital Warm-Line at 800-711-7011.

Best Fed Associates

Kathleen Kelley Redman, RN, BSN, IBCLC508-384-3674
 Ann Marie D'Amico, RN, IBCLC523-3163
 19 Brookwood Drive, Johnston, RI 02919
www.bestfed.net
 Rental and sales of Medela electric and manual pumps

Dartmouth Medical Supply508-997-1241
 471 Union Street, New Bedford, MA Fax 508-997-9739
www.dmecos.com
 Rental and sales of Hollister and Medela electric pumps
 Monday – Friday, 9:00 a.m. – 5:30 p.m.
 Saturday, 9:00 a.m. – 1:00 p.m.

Denmark Home Medical508-999-1239
 509 Kempton Street, New Bedford, MA Fax 508-990-8836
 Rental and sales of Hollister and Medela electric and manual pumps
 Monday – Friday, 8:30 a.m. – 5:00 p.m.

Fall River Medical Supply508-678-8365
 1429 Pleasant Street, Fall River, MA Fax 508-678-3919
www.dmecos.com
 Rental and sales of Hollister and Medela electric pumps
 Monday – Friday, 9:00 a.m. – 5:00 p.m.
 Saturday, 9:00 a.m. – 1:00 p.m.

Healthy Babies, Happy Moms, Inc......742-1777

Kathleen Moren, BSN, RN, IBCLC 866-744-2229

Email: kathy@healthybabieshappymoms.com

www.healthybabieshappymoms.com

Rental and sales of Medela electric pumps and scales

Hollister800-323-4060

www.hollister.com

Rental and sales of Hollister pumps

Kent County Home Medical Equipment800-232-0644

465 Toll Gate Road, Warwick, RI 736-4294

Rental of Medela pumps Fax 736-1006

Monday – Friday, 8:00 a.m. – 5:00 p.m.

Saturday, 8:00 a.m. – 1:00 p.m.

Medela800-835-5968

www.medela.com

Rental and sales of Medela pumps

South County Surgical Supply783-1850

14 Woodruff Avenue, Narragansett, RI

Rental and sales of Medela pumps

Monday-Friday, 9:00 a.m. – 5:00 p.m.

Westerly Hospital348-2229

25 Wells Street, Westerly, RI

Medela pump rentals by appointment only

Women & Infants Hospital Nursing Moms, Etc.274-1122 x1749

101 Dudley Street, Providence, RI

Rental and sales of Medela electric pumps

Monday – Saturday, 10:00 a.m. – 5:00 p.m.

Sunday, 10:00 a.m. – 2:00 p.m.

MOTHERS' MILK BANKS

Current Mothers' Milk Bank listings can be found on the Human Milk Banking Association of North America's website at www.hmbana.org/locations.htm.

UNITED STATES

PHONE

FAX

CALIFORNIA

Mothers' Milk Bank408-998-4550 408-297-9208

751 South Bascom Avenue, San Jose, CA 95128

Email: mothersmilkbank@hhs.co.santa-clara.ca.us

Website: www.milkbanksj.org

COLORADO

Mothers' Milk Bank at Presbyterian303-869-1888 303-869-2490

St. Luke's Medical Center

1719 East 19th Avenue, Denver, CO 80218

Email: mmilkbank@health1.org

Website: www.health1.org/milkbank.asp

DELAWARE

Mothers' Milk Bank at Christiana Hospital302-733-2340 302-733-2602

4755 Ogletown-Stanton Road, Newark, DE 19718

Email: dmore@christianacare.org

IOWA

Mother's Milk Bank of Iowa319-356-2651 319-353-7598

Division of Nutrition, Department of Pediatrics

Children's Hospital of Iowa

200 Hawkins Drive, Iowa City, IA 52242

Email: Jean-drulis@uiowa.edu or Janice-jeter@uiowa.edu

Website: www.uihealthcare.com/milkbank

NORTH CAROLINA

Mothers' Milk Bank and Lactation Center919-350-8599 919-350-8923

3000 New Bern Avenue, Raleigh, NC 27610

Email: mmould@wakemed.org or gbuckley@wakemed.org

OHIO	PHONE	FAX
Mothers' Milk Bank of Ohio	614-544-5906	614-544-5907

Grant Medical Center, Victorian Village Health Center

1087 Dennison Avenue, Columbus, OH 43201

Email: gmorrow@ohiohealth.com

TEXAS

Mothers' Milk Bank at Austin	512-494-0800	512-494-0880
---	--------------	--------------

900 East 30th Street, Suite 214, Austin, TX 78705877-813-MILK

Email: info@mmbaustin.org

Website: www.mmbaustin.org

Mothers' Milk Bank of North Texas	817-810-0071	817-810-0087
--	--------------	--------------

1300 West Lancaster, Suite 108, Fort Worth, TX 76102866-810-0071

Email: mmbnt@hotmail.com

CANADA	PHONE	FAX
--------	-------	-----

British Columbia Women's Milk Bank	604-875-2282	604-875-2871
---	--------------	--------------

C & W Lactation Services

4500 Oak Street, IU 30, Vancouver, BC V6M 3X4

Email: fjones@cw.bc.ca

DEVELOPING BANKS	PHONE	FAX
------------------	-------	-----

Indiana Mothers' Milk Bank, Inc.	317-962-2089	317-962-2678
---	--------------	--------------

Clarian Health, 1-65 at 21st Street, Room A3318

PO Box 1367, Indianapolis, IN 48206-1367

Email: mweber@clarian.org

Bronson Methodist Hospital	269-341-8849	269-341-8918
---	--------------	--------------

601 John Street, Box 306, Kalamazoo, MI 49007

Email: Duffc@bronsonhg.org

Medical University of South Carolina	843-792-5644	
---	--------------	--

171 Ashley Avenue, Charleston, SC 29425

Email: rhodesje@mucs.edu

WEBSITES

Academy of Breastfeeding Medicine

www.bfmed.org

Designed for professionals. Provides guidelines for medical problems that can impact breastfeeding.

American Academy of Pediatrics

www.aap.org/healthtopics/breastfeeding.cfm

Designed for professionals and consumers. Provides breastfeeding information and resources for families and communities and links to clinical guidelines and other tools for health care professionals.

Avent Naturally

www.aventamerica.com

Designed for consumers. Sells nursing products and answers questions about breastfeeding pumps and accessories.

Baby Friendly USA (Baby-Friendly Hospital Initiative)

www.babyfriendlyusa.org

Designed for professionals. Provides information on the Baby Friendly Hospital Initiative.

Best Fed Associates

www.bestfed.net

Designed for professionals. Lactation Consultants committed to supporting breastfeeding moms and babies in Massachusetts and Rhode Island.

Best Start Social Marketing

www.beststartinc.org

Designed for professionals. Provides information about the USDA Loving Support campaign.

Breastfeeding.com

www.breastfeeding.com

Designed for consumers and professionals. Provides information on positioning techniques, advocacy, shopping, pictures, access to chat rooms.

Breastfeeding Online

www.breastfeedingonline.com

Designed for professionals and consumers. Articles, advice, and encouragement by Jack Newman, Lactation Consultant.

Breastfeeding Pharmacology

neonatal.ttuhschool.edu/lact/

Designed for professionals. Articles and information on breastfeeding and medication use by Thomas Hale, RPh, PhD, Professor of Pediatrics, Texan Tech University School of Medicine.

Breastfeeding Support Consultants Center for Lactation Education

www.bsccenter.org

Designed for professionals. Lists courses, conferences, and upcoming workshops. Sells breastfeeding products. Provides a breastfeeding FAQs list.

Bright Future Lactation Resource Center

www.bflrc.com

Designed for professionals and consumers. Advertises resources on breastfeeding and lactation topics.

Center for Breastfeeding

www.healthychildren.cc

Designed for professionals. Information on upcoming breastfeeding courses and training opportunities.

Healthy Babies, Happy Moms Inc.

www.healthybabieshappymoms.com

Designed for professionals and consumers. Offers breast pump rentals, sales and other breastfeeding resources. Based in Rhode Island.

Hollister

www.hollister.com

Designed for professionals and consumers. Provides a catalogue of breastfeeding products, especially breast pumps, and resources for breastfeeding mothers.

Human Milk Banking Association of North America

www.hmbana.org

Designed for consumers and professionals. Provides information on donor milk banking.

Infant Feeding Action Coalition (Canada)

infactcanada.ca

Designed for consumers and professionals. Coalition working to implement the International Code of Marketing of Breastmilk Substitutes.

International Board Certified Lactation Consultant Examiners

www.iblce.org

Designed for professionals, especially lactation consultants. Certifies and evaluates the competency of International Board Certified Lactation Consultants.

International Childbirth Education Associates Inc.

www.icea.org

Designed for childbirth education professionals. Provides opportunities and resources for professional training and development.

International Lactation Consultant Association

www.ilca.org

Designed for professionals, especially lactation consultants. Promotes the professional development, advancement, and recognition of lactation consultants worldwide for the benefit of breastfeeding women, infants, and children.

La Leche League International

www.lalecheleague.org

Designed for consumers. Provides breastfeeding information and support to nursing mothers via telephone help and monthly meetings.

Lactation Education Resources

www.LERon-line.com

Designed for professionals. Updated information on future offerings of professional educational programs and materials.

Lactation Institute

www.lactationinstitute.org

Designed for professionals, especially lactation consultants. Gives information on upcoming conferences and sells nursing products.

Lactnet

peach.ease.lsoft.com/archives/lactnet.html

Designed for professionals. Lactation information and discussion.

Massachusetts Breastfeeding Coalition

www.massbfc.org

Designed for professionals and consumers. Offers numerous breastfeeding resources for parents and reference materials for health care professionals.

Medela International

www.medela.com

Designed for professionals and consumers. Provides an extensive catalogue for breastfeeding paraphernalia, especially breast pumps. Lists the advantages of breastfeeding.

National Center for Education in Maternal and Child Health

www.ncemch.org

Designed for professionals, policy makers, and researchers. Displays electronic publications, databases, project descriptions, electronic discussion lists, national conference information, and other website addresses.

National Conference of State Legislators

www.ncsl.org/programs/health/breast.htm

Designed for professionals, policy makers and researchers. Lists and summarizes existing breastfeeding laws throughout the United States.

National Women's Health Information Center

www.4woman.gov/Breastfeeding

Designed for consumers. Provides breastfeeding information and resources.

Pharmasoft Publishing, L.P., Health Information Center

www.ibreastfeeding.com

Designed for consumers and professionals. Publisher and provider of resources in the field of lactation.

Rhode Island Department of Health

www.health.ri.gov/family/breastfeeding

Designed for consumers and professionals. Provides local information and resources on breastfeeding.

Rhode Island Healthy Mothers, Healthy Babies Coalition

www.hmhbri.org

Designed for professionals. Coalition of MCH providers and supporters in Rhode Island.

United States Breastfeeding Committee

www.usbreastfeeding.org

Designed for professionals. Provides publications on various breastfeeding topics and links to international breastfeeding policy statements.

United States Department of Agriculture

www.fns.usda.gov/wic/Breastfeeding

Designed for consumers and professionals. Covers breastfeeding promotion and support in WIC.

Wellstart International

www.wellstart.org

Designed for professionals. Provides education and technical assistance to promote breastfeeding.

World Alliance for Breastfeeding Action

www.waba.org.my

Designed for consumers. Informs readers of the benefits of breastfeeding children.

Women & Infants Hospital

www.womenandinfants.org/body.cfm?id=65

Designed for consumers. New Mothers Support Groups, frequently asked questions, breastfeeding tips.

VIDEOTAPES

Additional breastfeeding videotapes available through:

Childbirth Graphics: 800-299-3366, www.childbirthgraphics.com

La Leche League International: 847-519-9585, www.lalecheleague.com

Pharmasoft Publishing, L.P.: 800-378-1317, www.iBreastfeeding.com

Breastfeeding: A Special Relationship (1999)\$79.00

Mary Rose Tully, BA, IBCLC

Mary Overfield, RN, IBCLC

Breastfeeding Education Resources, Inc.: 800-869-7892

Teaches how to breastfeed successfully. Seven segments include: feeding the newborn, positioning, latching-on, signs that breastfeeding is going well, growth spurts, engorgement and sore nipples, going to work and pumping. Comes with tear-off instructional sheets. Available in English and Spanish. (24 minutes)

Breastfeeding: Coping with the First Week (1997)\$79.95

Chloe Fisher

Growing With Baby: 800-524-9554, www.growingwithbaby.org

This video prepares a new mother for the first week of breastfeeding. Discusses baby's first feeding, how to evaluate latch, breastfeeding in public, normal input and output, when to get assistance.

Breastfeeding: The Why-To, How-To Videos (1998)\$295.00 or \$175 each

Vida Health Communications: 800-550-7047, www.vida-health.com

The **Why-To** video outlines the health benefits that breastfeeding offers babies and their mothers. Additional information on breastfeeding and body image, modesty and ease, prenatal preparations, and keys to success. (19 minutes) The **How-To** video focuses on confidence-building education that prepares new parents to give breastfeeding a try. Specific topics include how breastfeeding works, feeding cues, positioning and latching on, length and frequency of feedings, how to know baby is getting enough, tips for tough times, maternal nutrition and rest, how dads can help, and more. (25 minutes)

The Clinical Management of Breastfeeding\$395.00
for Health Professionals (1999)

Vida Health Communications: 800-550-7047, www.vida-health.com

A two-part video course covering the fundamentals of human lactation and breastfeeding.

Part One, "The Science and Art of Breastfeeding," introduces the process of human lactation and its clinical management – from pre-conception through a child's first year of life. (45 minutes) **Part Two, "Putting It All Into Practice,"** identifies the specific roles that health professionals can play at different points along the prenatal continuum to motivate and support breastfeeding. (57 minutes)

Delivery Self Attachment (1995)\$14.95

Lennart Righard

Geddes Productions: www.geddesproduction.com

This video depicts a newborn's ability to crawl up to a breast immediately after birth and attach without assistance. Also available in DVD format in English and Spanish for \$19.95. (6 minutes)

Fathers Supporting Breastfeeding (2002)Free

Order online while supplies last

US Department of Agriculture, Food and Nutrition Services:

www.fns.usda.gov/wic/Fathers/SupportingBreastfeeding.htm

Addresses the low breastfeeding rates among African-American women. Encourages fathers and mothers to work together to decide on breastfeeding; explains how fathers have an important role in breastfeeding, and how they can encourage their partners to breastfeed.

The video addresses the issues and concerns that many couples face when making the decision to breastfeed their baby. (17 minutes)

For All the Right Reasons (1990).....\$25.00

Best Start Social Marketing: 800-277-4975, www.beststartinc.org

Motivational video about breastfeeding from focus group participants. Topics include healthier babies, closeness to mother, embarrassment, convenience, role of fathers, and positive self-image. Available in English and Spanish. (22 minutes)

Mother and Baby... Getting it Right (1996).....\$41.00

Nursing Mothers Association of Australia

Pharmasoft Publishing, L.P.: 800-378-1317, www.iBreastfeeding.com.

Explains proper latching technique in detail. Intended for those who help breastfeeding mothers.

Nobody Loves Them Like You (1994)\$25.00

Best Start Social Marketing: 800-277-4975, www.beststartinc.org

Features testimonials from teenage participants designed to encourage teens to breastfeed.

Available in English and Spanish. (22 minutes)

A Premie Needs his Mother: First Steps to**Breastfeeding Your Premature Baby**\$125.00

Jane Morton, MD

Pharmasoft Publishing, L.P.: 800-378-1317, www.iBreastfeeding.com

Comprehensive guide to learning how to breastfeed premature babies from the perspective of mothers of premies. **Part I** (35 minutes) is for moms about to or who have just delivered premature babies. **Part II** (21 minutes) is designed to be watched when the baby is ready to be held. Available on DVD or video.

CATALOGUES AND PUBLISHERS

Many of the listed resources offer free catalogues.

Hollister Global800-323-4060

2000 Hollister Drive

Libertyville, IL 60048

www.hollister.com/us/mbc/breastfeeding

Breastfeeding Support Consultants630-547-5057

Center for Lactation Education

1613 Burning Trail

Wheaton, IL 60187

www.bsccenter.org

Best Start Social Marketing800-277-4975

4809 East Busch Boulevard, Suite 104

Fax 813-971-2280

Tampa, FL 33617

www.beststartinc.org

Cascade Health Care Products800-443-9942

1826 NW 18th Avenue

Fax 503-595-1726

Portland, OR 97209

www.1cascade.com

Center for Breastfeeding508-888-8044

327 Quaker Meeting House Road

Fax 508-888-8050

East Sandwich, MA 02537

www.healthychildren.cc

Childbirth Graphics800-299-3366 x287

PO Box 21207

Fax 888-977-7653

Waco, TX 76702-1207

www.childbirthgraphics.com

ICEA Book Center800-624-4934

PO Box 20048

Fax 952-854-8772

Minneapolis, MN 55420

www.icea.org/book.htm

La Leche League International847-519-7730

Order Department

Fax 847-519-0035

1400 North Meacham Road

Schaumburg, IL 60168-4808

www.lalecheleague.org

Medela, Inc.800-435-8316

1101 Corporate Drive

McHenry, IL 60050

www.medela.com

Noodle Soup800-795-9295

4614 Prospect Avenue, #328

Fax 216-881-7177

Cleveland, OH 44103-4377

www.noodlesoup.com

Pharmasoft Publishing, L.P.800-378-1317

1712 North Forest Street

Fax 806-376-9901

Amarillo, TX 79106

www.iBreastfeeding.com

BOOKS FOR THE NURSING MOTHER

Books may be available through the following sources:

Pharmasoft Publishing, L.P.: 800-378-1317, www.iBreastfeeding.com

* La Leche League International: 847-519-9585, www.lalecheleague.com

° Rhode Island Public Libraries

* **Adventures in Tandem Nursing**\$14.95

Hilary Flower (2003)

*° **Bestfeeding: How to Breastfeed Your Baby** (2nd Edition)\$14.95

Mary Renfrew, Chloe Fisher, and Suzanne Arms (2001)

Breastfeeding: A Parent's Guide\$8.50

Amy Spangler (1999). Available in English and Spanish.

*° **The Breastfeeding Book: Everything You Need to Know**\$14.95

About Nursing Your Child from Birth Through Weaning

Martha and William Sears (2000)

* **Breastfeeding: Keep It Simple**\$5.25

Amy Spangler (2005). Available in English and Spanish.

*° **Breastfeeding Pure and Simple** (Revised Edition)\$16.50

Gwen Gotsch (2000). Available in English and Spanish.

* **Breastfeeding Your Premature Baby** (Revised Edition)\$6.95

Gwen Gotsch (1999)

* **Defining Your Own Success: Breastfeeding After**\$24.95

Breast Reduction Surgery

Diana West (2001)

° **Dr. Mom's Guide to Breastfeeding**\$16.00

Marianne Neifert (1998)

* **How Weaning Happens**\$10.95

Diane Bengson (2000)

- *° **Mothering Multiples: Breastfeeding and Caring for Twins or More!**\$14.95
(Revised Edition) Karen Kerkhoff Gromada (1999)
- * **Mothering Your Nursing Toddler** (Revised Edition)\$14.95
Norma Jane Bumgarner (2000)
- *° **New Mother's Guide to Breastfeeding**\$13.95
American Academy of Pediatrics (2002)
- ° **The Nursing Mother's Companion** (5th Edition)\$13.95
Kathleen Huggins (2005)
- *° **The Nursing Mother's Guide to Weaning**\$11.95
Kathleen Huggins and Linda Ziedrich (1994)
- *° **Nursing Mother, Working Mother**\$12.95
Gale Pryor (1997)
- *° **The Ultimate Breastfeeding Book of Answers: The Most Comprehensive Problem-Solution Guide to Breastfeeding from the Foremost Expert in North America**\$19.95
Jack Newman and Teresa Pitman (2000)
- * **We Like to Nurse**\$9.95
Children's book by Chia Martin and Shukyo Lin Rainey (1998).
Available in English and Spanish.
- * **Why Should I Nurse My Baby? And Other Questions Mothers Ask About Breastfeeding**\$4.95
Pamela K. Wiggins (1998). Available in English and Spanish.
- *° **The Womanly Art of Breastfeeding** (7th Edition)\$16.95
La Leche League International (2004)

NURSING CLOTHES AND ACCESSORIES

CDM800-637-9426

Nursing clothing and products from the makers of the Over-the-Shoulder Baby Holder™ including nursing dresses, tops, pants, skirts, shorts, nighties, breast pumps and pads, milk coolers, books, and more. Call for a catalog.

Earthbaby877-602-6800

www.earthbaby.com

Clothing, lingerie, and accessories for breastfeeding. Order online.

Moms Tops800-682-5612

www.moms-tops.com

Online shopping for breastfeeding fashions. Dresses, separates, sleep apparel, swimwear, carriers, and baby care.

Motherwear, Inc.800-950-2500

www.motherwear.com

Outlet store: 320 Riverside Avenue, Florence, MA 01062

Nursing clothes plus matching baby clothes, nursing bras, and other items.

Call for a catalog or order online.

Nine Months455-0745

182 Wayland Avenue, Providence, RI 02906

Nursing clothes, bras, slings, and accessories.

Nursing Classics Catalog800-449-3350

www.elizabethlee.com

Patterns for maternity/nursing clothing and baby carrier.

Nursing Poncho247-7849

www.nursingponcho.com

White River Concepts

www.whiteriver.com

Sells nursing and feeding aides, maternity and after-maternity lingerie, and support garments.

Women & Infant's Nursing Moms, Etc.274-1122 x1749

Sells nursing clothing and nursing bras, nursing accessories, newborn products, premie clothing, books, and videos.

3 | CLINICAL INFORMATION & RESOURCES



CRITERIA FOR BREASTFEEDING REFERRAL

Developed by the Physicians' Committee for Breastfeeding in Rhode Island and the Rhode Island Breastfeeding Coalition and utilized by the Rhode Island Department of Health Family Health Information Line.

REFERRAL TO MEDICAL DOCTOR

- » Breast infections (temperature above 101 degrees, possibly along with localized redness and heat and/or plugged duct symptoms of localized pain and firmness)
- » Slow weight gain of infant (as perceived by mother)
- » Jaundiced infant (yellowish tinge to skin as perceived by mother)
- » Fewer than 6 wet diapers in 24 hours for infants from 4 days to 4 months old
- » Fewer than 3 stools in 24 hours for infants from 4 days to 3 weeks of age

REFERRAL TO LACTATION CONSULTANT

Make referrals through Breastfeeding Warm-Lines (*page 9*) or Lactation Consultants in Private Practice (*page 11*).

- » Sore nipples
- » Plugged ducts (localized pain and firmness)
- » Premature infants
- » Sick or hospitalized mother or infant
- » Infants who refuse to nurse
- » Infants with special health care needs (i.e., developmental disorder)
- » Mothers on medications*

* Medication information for breastfeeding is available in "Medication and Mothers' Milk" by Thomas Hale, PhD, 2004 (11th Edition) or at the Thomas Hale website at neonatal.ttuhscl.edu/lact/. Additional resources are listed on the Breastfeeding Information Lines for Professionals page (*page 39*) in this directory.

INFORMATION LINES/WEBSITES FOR PROFESSIONALS

BREASTFEEDING PHARMACOLOGY

Kent County Hospital Pharmacy737-7000 x1275

Reaches Women's Care Unit. Lactation consultant available
for consult Monday – Friday, 8:30 a.m. – 3:00 p.m. Otherwise
nurse will call pharmacy for information then will call you back.

The Lactation Line, University of Rochester585-275-0088

(Ruth Lawrence, MD)

For physicians and lactation consultants. Also provides general
breastfeeding information. Monday – Friday, 10:00 a.m. – 3:30 p.m.
Contact person: Linda Friedman, Ph.D.

Texas Tech University School of Medicine

neonatal.ttuhschool.edu/lact/

(Thomas Hale, PhD)

Women & Infants Hospital Warm-Line800-711-7011

Monday – Friday, 9:00 a.m. – 9:00 p.m.

Saturday and Sunday, 9:00 a.m. – 5:00 p.m.

Leave a message and a nurse will return your call.

Yale-New Haven Hospital Drug Information Services203-688-2248

Monday – Friday, 9:00 a.m. – 5:00 p.m.

PROFESSIONAL ORGANIZATIONS

Academy of Breastfeeding Medicine

www.bfmed.org

Provides clinical guidelines for the care of breastfeeding mothers and infants.

American Academy of Pediatrics

www.aap.org/healthtopics/breastfeeding.cfm

Provides clinical guidelines on breastfeeding and other tools for health care
professionals plus information and resources for families and communities.

United States Breastfeeding Committee

www.usbreastfeeding.org

National breastfeeding protection, promotion, and support resources and publications.

RESOURCE TEXTS FOR PROFESSIONALS

Books may be available through:

La Leche League International: 847-519-9585, www.lalecheleague.com

Pharmasoft Publishing, L.P.: 800-378-1317, www.iBreastfeeding.com

Breastfeeding: A Guide for the Medical Profession (6th Edition).....\$69.95

Ruth Lawrence (2005)

Breastfeeding and Human Lactation (3rd Edition).....\$102.95

Jan Riordan and Kathleen Auerbach (2005)

The Breastfeeding Answer Book (3rd Edition)\$68.00

Nancy Mohrbacher and Julie Stock (2002)

Also available in Spanish (1997) and other translations.

Available on CD-Rom in Spanish and English.

The Breastfeeding Atlas (Revised Edition).....\$47.00

Barbara Wilson-Clay and Kay Hoover (2002)

CD-Rom of 1st Edition and photos available.

Breastfeeding: Conditions and Diseases.....\$13.95

Ann Merewood and Barbara Philipp (2001)

Breastfeeding Special Care Babies (2nd Edition).....\$24.95

Sandra Lang (2002)

Breastfeeding the Newborn: Clinical Strategies\$42.95

for Nurses (2nd Edition)

Marie Biancuzzo (2003)

Case Studies in Breastfeeding\$36.95

Karin Caldwell and Cynthia Turner-Maffei (2004)

Clinical Therapy in Breastfeeding Patients (2nd Edition).\$24.95

Thomas Hale and Pamela Berens (2002)

- Core Curriculum for Lactation Consultant Practice**\$44.95
Marsha Walker (Editor) (2002)
- Counseling the Nursing Mother: A Lactation Consultant's Guide** (3rd Edition)\$61.95
Judy Lauwers and Debbie Shinskie (2000)
- Drug Therapy and Breastfeeding: From Theory to Clinical Practice**\$44.95
Thomas Hale and Kenneth Ilett (2002)
- Impact of Birthing Practices on Breastfeeding: Protecting the Mother and Baby Continuum**\$42.95
Mary Kroger and Linda J. Smith (2004)
- Journal of Human Lactation**\$112/yr & \$37/issue
Human Sciences Press, Inc.
www.sagepub.co.uk/journal.aspx?pid=105655
- Maternal and Infant Assessment for Breastfeeding and Human Lactation: A Guide for the Practitioner**\$34.95
Caldwell, Turner-Maffei, O'Connor and Blair (2002)
- Medication and Mothers' Milk** (11th Edition)\$29.95
Thomas Hale (2004)
- Nutrition During Lactation**\$37.95
National Academy of Sciences, Institute of Medicine (1991)
The National Academies Press: 800-624-8373, www.nap.edu
- Ultimate Breastfeeding Book of Answers: The Most Comprehensive Problem-Solution Guide to Breastfeeding from the Foremost Expert in North America**\$19.95
Jack Newman and Teresa Pitman (2000)

CONTINUING EDUCATION IN LACTATION MANAGEMENT/BREASTFEEDING

	PHONE	FAX
Breastfeeding Support Center630-547-5057 for Lactation Education 1613 Burning Trail, Wheaton, IL 60187 www.bsccenter.org		
Evergreen Healthcare425-899-3480 Professional Education MS 37 12040 NE 128th Street, Kirkland, WA 98034 www.evergreenhealthcare.org	425-899-3481	
La Leche League International800-La Leche 1400 North Meacham Road Schaumburg, IL 60168-4079 www.lalecheleague.org	847-519-0035	
Lactation Education Consultants630-260-4847 618 North Wheaton Avenue Wheaton, IL 60187 www.lactationeducationconsultants.com	630-260-8879	
Lactation Education Resources703-691-2069 3621 Lido Place, Fairfax, VA 22031 www.LERon-line.com	212-838-6930	
The Center for Breastfeeding508-888-8092 327 Quaker Meeting House Road East Sandwich, MA 02537 www.healthychildren.cc	508-888-8050	
The Lactation Institute & Breastfeeding Clinic818-995-1913 16430 Ventura Boulevard, Suite 303 Encino, CA 91436 www.lactationinstitute.org	818-995-0634	

4 | BREASTFEEDING TOOLS & GUIDELINES



GUIDELINES FOR MANAGING COMMON BREASTFEEDING PROBLEMS

The following section has been adapted with permission from The Mississippi State Department of Health WIC Program.

Protocols for Breastfeeding Management

Keitha Whitaker, BS, IBCLC

Camille Foretich, BS, IBCLC, CHES

Cathy Carothers, BS, IBCLC

January 2001

ENGORGEMENT	
RATIONALE	<ul style="list-style-type: none"> » The mother who experiences engorgement is at risk for sore nipples, plugged ducts, breast infections, and/or breast abscess. » The infant who is unable to latch on to the breast because of engorgement is at risk for poor feeding behaviors and slow weight gain.
POSSIBLE CAUSES	<ul style="list-style-type: none"> » Delayed initiation of breastfeeding » Hospital schedules which delay or limit infant's access to the breast » Limiting the amount of time baby nurses at the breasts, or scheduling feedings » Poor positioning and improper latch-on techniques » Sleepy baby » Inadequate milk removal of the breast » Routine supplementation or complementary feedings » Previous breast surgery » Baby with a weak suck (babies with anatomical challenges such as cleft lip/ cleft palate or Down's Syndrome)
EDUCATION/ INTERVENTION	<ul style="list-style-type: none"> » Educate mothers on the importance of: <ul style="list-style-type: none"> » Initiating breastfeeding within the first hour after birth » Recognizing the baby's hunger cues » Allowing the baby to finish the first breast first » Breastfeeding frequently – at least 8 times a day, preferably 10 to 12 times – or every 2 to 3 hours » Avoiding the use of pacifiers, bottles, and nipple shields » Observe the mother breastfeeding and assist with latch-on and positioning problems.

ENGORGEMENT (CONTINUED)	
EDUCATION/ INTERVENTION	<p>» Ask the mother if she has had breast reduction surgery. Check the mother's breast, if possible, for signs of scarring from previous breast surgery.</p> <p>» To treat engorgement:</p> <ul style="list-style-type: none"> » Apply heat and massage the breasts before breastfeeding » Breastfeed frequently » Use cold compresses between feedings to reduce swelling » In the breastfeeding mother, cabbage compresses may be used for 15 minutes twice daily » Pump or hand express just enough milk to relieve over fullness without encouraging milk production » Wear breast shells between feedings until the engorgement begins to subside (Be aware that breast shells can be overused and may lead to plugged ducts if worn all the time. Caution mothers not to sleep in breast shells.) » Have the mother express a little milk or pump 2 minutes to assist the baby in latching on to the breast » If the mother is very uncomfortable suggest that she ask her doctor about pain medication, such as Tylenol or Ibuprofen » If the baby is not feeding well and the mother is unable to relieve her engorgement with any of the techniques above, use an electric breast pump to fully express the mother's breasts <p>» If engorgement is unrelieved after 48 hours using the described treatments, suggest that the mother see her doctor to rule out other problems.</p> <p>» Binding the breast to suppress lactation or decrease engorgement is an outdated practice that is still being used in some hospitals today. The aforementioned treatments for breast engorgement are the standard of practice used by Health Care Professionals knowledgeable in breastfeeding management. Binding of the breast may result in plugged ducts, mastitis, abscess, and tissue damage.</p>
FOLLOW-UP	<p>» Contact the client within 24 hours to answer questions and provide further assistance or information as needed.</p> <p>» Maintain daily contact until the engorgement is resolved, thereafter as often as needed by the client.</p>
RESOURCE	<p>» Mohrbacher, N. & Stock, J. The Breastfeeding Answer Book, Revised Edition. Schaumburg, IL: La Leche League International, 1997, pp. 21, 82, 177, 389, 414-18, 563.</p>

SORE NIPPLES IN THE BREASTFEEDING WOMAN	
RATIONALE	<ul style="list-style-type: none"> » The mother who has sore nipples is at risk for engorgement due to her reluctance to latch the baby on because of the pain. Sore nipples can lead to a negative breastfeeding experience and, ultimately, premature weaning. » The infant whose mother has sore nipples is at risk for possible slow weight gain and being prematurely weaned. » Breastfeeding should not hurt. Sore nipples are not a normal part of breastfeeding. If a woman's nipples are tender beyond a few seconds when the baby latches on or are so painful that she cannot breastfeed she is at risk for mastitis, plugged ducts, and low milk supply.
POSSIBLE CAUSES	<p>LACTATION-RELATED:</p> <ul style="list-style-type: none"> » Improper position and latch » Unrelieved negative pressure » Unresolved engorgement » Improper use of milk expression, hand or pump » Use of creams, lotions, soaps, etc. » Infrequent changing of breast pads, resulting in nipples and areola staying wet » Bottle feeding or feeding with a nipple shield <p>MEDICAL-RELATED:</p> <ul style="list-style-type: none"> » Thrush » Mastitis » Vasospasm of nipple » Baby with high palate » Baby with tongue-tie
EDUCATION/ INTERVENTION	<ul style="list-style-type: none"> » Start on least sore side first, or initiate milk ejection reflex before latching baby on. » Position and latch baby correctly. » Shorter more frequent feedings are best because baby is less hungry and sucks less vigorously. » Apply pure lanolin (such as Lansinoh® or PureLan®) generously to nipples and areola, avoiding very tip of nipple. » Vary nursing positions at each feeding. » Wear breast shells in between feedings with the insert that has the larger hole. If the nipple/areola is cracked, fissured, or severely damaged, a medical evaluation is warranted. » Rarely is it helpful to take the baby from the breast and just pump while allowing the nipples to heal. However, if the mother is in severe pain and will not put the baby to the breast, pump with an electric pump and feed the baby with an alternate feeding device, i.e. cup, syringe, finger feeding, etc.

SORE NIPPLES IN THE BREASTFEEDING WOMAN (CONTINUED)	
FOLLOW -UP	<ul style="list-style-type: none"> » Daily contact is needed to assess breastfeeding and to answer questions and give further instructions until soreness is resolved. » If soreness does not resolve with these measures, mom and baby need evaluation for possible medical causes.
RESOURCES	<ul style="list-style-type: none"> » Mohrbacher, N. & Stock, J. The Breastfeeding Answer Book, Revised Edition. Schaumburg, IL: La Leche League International, 1997 pp. 388- 407. » Auerbach & Riordan, Breastfeeding and Human Lactation, 1993 pp. 229-234.
SLOW WEIGHT GAIN & FAILURE TO THRIVE	
RATIONALE	<ul style="list-style-type: none"> » Infants who gain weight poorly are at higher risk for impaired growth, intellectual performance, and malnutrition.
POSSIBLE CAUSES	<p>INFANT CAUSES</p> <ul style="list-style-type: none"> » Physical or metabolic reasons » CNS insult » Biliary atresia » Cleft Palate » Congenital cardiac anomalies » Cystic fibrosis » Abnormal thyroid function » SGA » Illness; UTI <p>LOW MILK TRANSFER</p> <ul style="list-style-type: none"> » Poor attachment, ineffective sucking » Breastfeeds are short and hurried or infant is removed from breast too soon and does not receive enough hindmilk » Routine supplementation of water and artificial baby milk » Infant is nipple confused due to introduction of bottle, nipples, and pacifier <p>MATERNAL CAUSES</p> <ul style="list-style-type: none"> » Physical or metabolic reasons » Breast augmentation/mammoplasty » Hypothyroidism » Narcotic addiction » Illness; UTI, URI » Stress/Fatigue » Primary Hypoprolactinemia » Sheehan's disease » Psychosocial atmosphere in the home » Hormonal contraception use

SLOW WEIGHT GAIN & FAILURE TO THRIVE (CONTINUED)	
POSSIBLE CAUSES	LOW MILK PRODUCTION <ul style="list-style-type: none"> » Medications, i.e., contraceptives, antihistamines » Mother lacks confidence, embarrassed to feed, therefore infant feeds less often » Use of a nipple shield » Not finishing the first breast first » Poor release of milk, i.e., medications, smoking, alcohol » Feeding infrequently or by a rigid schedule
EDUCATION/ INTERVENTIONS	IF LOW MILK PRODUCTION IS THE PROBLEM, INCREASE MILK PRODUCTION WHEN FEASIBLE: <ul style="list-style-type: none"> » Mother is motivated and persistent. » Increase stimulation to breast via more frequent feedings and/or use of an electric breast pump with a dual pumping kit. » Mother expresses milk between breastfeedings. » Mother reduces supplementation slowly as her milk production increases. » Baby receives supplement from cup, syringe, or spoon. » Adjust maternal nutrition as needed by increasing food and fluids if intake has been low. » Use of syntocinon nasal spray or metaclopramide. » Offer both breasts at a feed, several times each. » Quit or reduce smoking. » Rest as much as possible, and relax during breastfeeds to help the milk flow. INFANT ISSUES: <ul style="list-style-type: none"> » Adjust positioning to maximize milk intake. » Use a supplemental nutrition system filled with either expressed mother's milk or artificial baby milk. Follow manufacturer's instructions on how to use. » Nurse on one breast at a feeding (if the problem is low hindmilk intake).
FOLLOW-UP	<ul style="list-style-type: none"> » Infants should be followed closely by the physician. Physician and lactation consultant should work closely. Weight check in one week. Infant should have gained 4-7 oz. If not, then amount of supplement should be increased and techniques reviewed and adjusted. Instruct mother to keep two breastfeeding logs recording number of times she nurses and wet diapers/ bowel movements.

SLOW WEIGHT GAIN & FAILURE TO THRIVE (CONTINUED)	
RESOURCES	<ul style="list-style-type: none"> » Lactation Consultant Series, Inadequate Weight Gain in Breastfeeding Infants: Assessments & Resolutions Unit 8 LLLI. » Auerbach & Riordan, Breastfeeding and Human Lactation, 1993 pp. 527-533; 519-520 » Mohrbacher, N. & Stock, J. The Breastfeeding Answer Book, Revised Edition. Schaumburg, IL: La Leche League International, 1997, pp. 116-119, pp. 540-546, pp. 133-135.
MASTITIS – PLUGGED DUCT OR BREAST INFECTION	
RATIONALE	<ul style="list-style-type: none"> » The mother with mastitis (any inflammation in the breast) may have plugged ducts and is at risk for developing a breast infection, which may lead to a breast abscess.
POSSIBLE CAUSES	<ul style="list-style-type: none"> » Missed feedings; limiting the baby's time at the breast » Poor latch-on and positioning » A change in the baby's breastfeeding pattern » A tight bra with underwire, heavy purse, baby carrier, back pack, or diaper bag that puts pressure on the breasts or surrounding tissues » Mother restricting the flow of the milk by pressing on her breast to "make an airway for the baby" (Babies breathe out of the sides of their noses; there is no need to pull breast tissue away from the baby's nose. Babies breathe just fine pulled in close to mother's breast with nose and chin touching the breast in a good latch.) » Mother overdoing activity too soon after baby's birth » Mother sleeping in one position all the time » The use of nipple shields » Any activity or device that puts pressure on the breasts » Mothers with diabetes are at a slightly greater risk for mastitis » Mothers who are anemic are at greater risk for recurrent plugged ducts
EDUCATION/ INTERVENTION	<ul style="list-style-type: none"> » For a plugged duct (swelling that comes on gradually, little pain, little or no fever, may shift according to area affected, little or no warmth at affected site): <ul style="list-style-type: none"> » Apply heat (wet or dry compresses, warm shower, soak in warm tub, immerse breasts in basin of warm water) and massage gently. (Some mothers are able to work the plug out in this way. If the baby happens to draw the plug out while breastfeeding, it will not harm him.)

MASTITIS – PLUGGED DUCT OR BREAST INFECTION (CONTINUED)

EDUCATION/ INTERVENTION	<ul style="list-style-type: none"> » Breastfeed frequently, particularly on the affected side and with baby's chin pointed toward the plugged duct. » Make sure the baby is positioned and latched well on the breast. » Loosen any restrictive clothing. » Vary nursing positions from feeding to feeding. » Rest. Suggest the mother cut down on other activities until the plug is gone. Increase fluid intake. » For a breast infection (localized swelling, hot and painful to the touch, usually comes on suddenly, accompanied by fever of 101° and flu-like symptoms): <ul style="list-style-type: none"> » Apply heat and massage gently; breastfeed frequently, especially on the affected side; make sure the baby is positioned and latched well; loosen restrictive clothing; change nursing positions; and REST, as above. » Suggest the mother contact her doctor for an antibiotic if the symptoms do not disappear within 24 hours. » Possible bacteria or germ transmission to the infant is of no concern and the mother should be advised to continue breastfeeding. » Continued breastfeeding comforts both mother and baby and results in the breast infection healing faster. » Increase fluid intake.
------------------------------------	---

FOLLOW-UP	<ul style="list-style-type: none"> » Contact the client within 24 hours to answer questions and provide further assistance or information as needed. » Maintain daily contact until the problem is resolved, thereafter as often as needed by the client.
------------------	---

RESOURCE	» Mohrbacher, N. & Stock, J. The Breastfeeding Answer Book, Revised Edition. Schaumburg, IL: La Leche League International, 1997, pp. 418-26.
-----------------	---

THRUSH

RATIONALE	<ul style="list-style-type: none"> » The mother who has a yeast infection on her nipples (often referred to as nipple thrush, which is a fungal infection caused by candida albicans) is at risk for getting extremely sore nipples and spreading the fungal infection to other members of the family. In addition, the irritation caused by the thrush infection can increase the likelihood that the mother will also contract a bacterial infection. The mother with nipple thrush often experiences shooting pains in the breast during and between feedings. » The baby with thrush may be gassy, fussy at the breast, and have a very uncomfortable diaper rash.
------------------	--

THRUSH (CONTINUED)	
POSSIBLE CAUSES	<ul style="list-style-type: none"> » Baby has thrush » Previous current vaginal yeast infection » Use of antibiotics and other drugs, such as steroids, over a long period » Cracked nipple » Diabetes » Use of oral contraceptives » Nutritional deficiencies or high-sugar diet » Infrequent changing of wet nursing pads
EDUCATION/ INTERVENTION	<ul style="list-style-type: none"> » Discuss the behaviors and environmental factors that promote the growth of yeast infections. » Refer the mother and baby to their respective physicians for diagnosis and treatment. It is imperative that both mother and baby be treated, as well as other family members if they are symptomatic, in order to effectively get rid of thrush. » Use of breast shells during treatment can provide relief while allowing the medication to work. » For clinicians licensed to prescribe medication: <ul style="list-style-type: none"> » Nystatin ointment for the mother and nystatin oral suspension for the baby are usually used to treat thrush. Follow the full course of treatment, usually 10 days to 2 weeks. Mother should be encouraged to continue breastfeeding. » Some physicians recommend that women use over-the-counter vaginal yeast preparations on their nipples. Anecdotal reports say that this can be an effective treatment. The easy availability of over-the-counter medications, however, should not lead women to self-treat. Nor should lactation consultants who are not licensed to prescribe medications recommend this treatment. They should encourage their clients to seek treatment from qualified clinical care providers. » The method of using the over-the-counter vaginal yeast preparations is that the mother apply the cream or lotion to her nipples and breast before and after each feeding, as well as around the infant's entire diaper area if there is any redness. The mother may also have vaginal yeast infection and should simultaneously use an antifungal intravaginal preparation. » Other treatments for thrush include: an oral prescription for the mother if thrush recurs; gentian violet swabbed in the baby's mouth and on mother's nipples. (See chart at the end of this section.)

THRUSH (CONTINUED)	
EDUCATION/ INTERVENTION	<ul style="list-style-type: none"> » The mother should continue to breastfeed with a thrush infection and while undergoing treatment. » Remind the mother to wash her hands after going to the bathroom, changing the baby's diaper, breastfeeding, and handling any of the baby's toys or teething toys that he puts in his mouth. » Suggest that the mother boil any bottles, pacifiers, nipples, and teething toys for 20 minutes once a day to kill the yeast. Replace all bottles, pacifiers, nipples, and teething toys after one week of the thrush treatment. In addition, toys or anything else that the baby puts in his mouth should be washed with hot, soapy water frequently. » Discard any breast milk that has been pumped during a thrush outbreak. Freezing only deactivates the thrush; it doesn't kill it. » Reusable breast pads should be washed in hot, soapy water and dried thoroughly after each use; disposable breast pads (preferable during a thrush outbreak) should be discarded after each use. » If the mother is using a breast pump, recommend that all parts that come in contact with the milk be boiled for 20 minutes once a day.
FOLLOW-UP	<ul style="list-style-type: none"> » Contact the client within 24 to 48 hours to answer questions and provide further assistance or information as needed. » Maintain contact 2 to 3 times weekly until the thrush is resolved, thereafter as often as needed by the client. » Remind the client of the importance of cleanliness and of taking the full course of her medication in order to get rid of and prevent a recurrence of thrush.
RESOURCES	<ul style="list-style-type: none"> » Amir, Hoover, Mulford, Lactation Consultant Series Unit 18: Candidiasis & Breastfeeding 6/95. » Auerbrach & Riordan, Breastfeeding and Human Lactation Second Edition, Jones & Bartlett Publishers; pg. 385-386, 488-492. » Lactation Consultant Series. Amir, Hoover, Mulford, Lactation Consultant Series Unit 18: Candidiasis & Breastfeeding 6/95. La Leche League International. » Mohrbacher, N. & Stock, J. The Breastfeeding Answer Book, Revised Edition. Schaumburg, IL: La Leche League International, 1997, pp. 96, 405-07, 431, 478.

SELECTED ANTIFUNGAL PREPARATIONS		
DRUG NAME	PREPARATIONS	USUAL DOSAGE*
Clotrimazole (Lotrimin, Mycelex)	Creams, solutions, vaginal creams, and vaginal tablets	Skin cream: apply 2 times/day 100 mg/day for 7 days or 200 mg/day for 3 days
Gentian violet	Adults and children: 0.5%, 1% solution	Topical: for infants, use dilute 0.5% solution 2-3 times over several days, do not repeat
Fluconazole (Diflucan)		Safe for pediatric use
Itraconazole (Sporanox)		Safe for adult use only
Ketoconazole (Nizoral)	Oral tablets	Oral: for adults, use 200-400 mg/day, given in a single dose; for children weighing less than 20 kg, use 50 mg/day; for children weighing 20-40 kg, use 100 mg/day
Miconazole (Monistat)	Creams, lotions, vaginal creams, and vaginal suppositories	Skin cream or lotion: apply 3-4 times/day Vaginal cream or suppository: 100 mg/day for 7 days
Nystatin (Mycostatin)	Suspensions, creams, powders, ointments, and vaginal suppositories	Oral: for adults, use 1.5-2.4 million units/day, divided into 3-4 doses; for infants, use 400,000-800,000 units/day, divided into 3-4 doses Topical: 1 million units applied 2 times/day Vaginal: 1-2 million units/day Duration of each therapy: at least 2 days after symptoms disappear

* All medicines should be taken as prescribed by a doctor.

JAUNDICE																	
RATIONALE	» Infants with jaundice are at risk of interrupted breastfeeding, slow weight gain, nipple confusion, and premature weaning.																
POSSIBLE CAUSES	<p>» Lack of breast milk jaundice associated with inadequate breast milk intake (Can be caused by delayed, infrequent, or timed feedings at the breast and results in exaggerated physiologic jaundice, usually 3-5 days, but can persist.)</p> <p>» Breastmilk jaundice-late onset, prolonged unconjugated hyperbilirubinemia in otherwise healthy, thriving breastfed infant (This type of jaundice is due to human milk factor that increases intestinal absorption of bilirubin. The elevated bilirubin usually noted after the first week of life, can last for weeks.)</p> <p>» A disease or condition that results in increased red blood cell breakdown; interferes with processing of bilirubin by the liver; and increases reabsorption of bilirubin by the bowel</p> <p>» Ethnic heritage</p>																
EDUCATION/ INTERVENTION	<p>» Encourage the mother to breastfeed as soon after birth as possible so that the baby receives the maximum beneficial effects of colostrum.</p> <p>» Encourage the mother to breastfeed frequently, letting the baby finish the first breast first and allowing the baby to determine both the frequency and duration of feeds (as long as the baby is not sleepy or skipping feedings).</p> <p>PHYSICAL OBSERVATION AND ITS RELATIONSHIP TO BILIRUBIN LEVELS</p> <table> <tr> <th><u>Involvement of the body</u></th><th><u>Serum Bilirubin Level</u></th></tr> <tr> <td>Sclera.....</td><td>3 mg/dl</td></tr> <tr> <td>Face.....</td><td>5 mg/dl</td></tr> <tr> <td>Upper trunk.....</td><td>5-7 mg/dl</td></tr> <tr> <td>Complete trunk</td><td>7-10 mg/dl</td></tr> <tr> <td>Spread to extremities</td><td>10-12 mg/dl</td></tr> <tr> <td>Extremities yellow; palms & soles clear</td><td>12-15 mg/dl</td></tr> <tr> <td>Palms and soles yellow</td><td>>15 mg/dl</td></tr> </table> <p>» Teach the mother how to rouse a sleepy baby, as jaundice often makes babies sleepy.</p> <p>» Encourage the mother to talk with her doctor about her baby's treatment, if treatment is indicated.</p> <p>» Encourage the mother to continue breastfeeding during the baby's treatment, if treatment is necessary.</p>	<u>Involvement of the body</u>	<u>Serum Bilirubin Level</u>	Sclera.....	3 mg/dl	Face.....	5 mg/dl	Upper trunk.....	5-7 mg/dl	Complete trunk	7-10 mg/dl	Spread to extremities	10-12 mg/dl	Extremities yellow; palms & soles clear	12-15 mg/dl	Palms and soles yellow	>15 mg/dl
<u>Involvement of the body</u>	<u>Serum Bilirubin Level</u>																
Sclera.....	3 mg/dl																
Face.....	5 mg/dl																
Upper trunk.....	5-7 mg/dl																
Complete trunk	7-10 mg/dl																
Spread to extremities	10-12 mg/dl																
Extremities yellow; palms & soles clear	12-15 mg/dl																
Palms and soles yellow	>15 mg/dl																

JAUNDICE (CONTINUED)	
EDUCATION/	» Stress the importance of frequent stooling in the jaundiced baby.
INTERVENTION	<p>» Suggest the mother expose her infant to indirect sunlight to help lower bilirubin levels.</p> <p>» Instruct the mother to avoid water supplements as research has shown that water supplements have no effect on the type of bilirubin that causes jaundice, and water supplements can actually increase bilirubin levels by depressing the infant's urge to breastfeed.</p> <p>» Instruct the mother in proper positioning, latch, and the correct suck/swallow behavior to look for as her infant feeds.</p>
FOLLOW-UP	<p>» Contact the client within 48 hours to answer questions and to provide further assistance as needed.</p> <p>» Maintain contact with the client until the jaundice is resolved and thereafter as needed by the client.</p>
RESOURCES	<p>» American Academy of Pediatrics (AAP) Provisional Committee for Quality Improvement and Subcommittee on Hyperbilirubinemia. Practice Parameter: Management of hyperbilirubinemia in the healthy term newborn. Pediatrics, 1994 (4): 558-565.</p> <p>» Mohrbacher, N. & Stock, J. The Breastfeeding Answer Book, Revised Edition. Schaumburg, IL: La Leche League International, 1997, pp. 116-119, pp.540-546, pp. 133-135.</p>

AGES AND STAGES: BREASTFEEDING DURING YOUR BABY'S FIRST YEAR

Adapted from "Ages and Stages: What to Expect During Breastfeeding"

by Vicki Schmidt, RN, IBCLC



BREASTFEEDING YOUR 1-2 MONTH OLD

WHAT TO EXPECT!

During this time your baby may:

- » Turn his head and eyes toward light
- » Watch your face and try to respond to speech
- » Become quiet at the sound of your voice and smile at you
- » Hold his head up without wobbling
- » Begin to make cooing sounds at 6-8 weeks

Things your baby may enjoy:

- » Mobiles and wrist rattles
- » Being rocked gently to a lullaby
- » Wind-up musical toys

Breastfeeding during this time:

- » First off, congratulations on your decision to breastfeed! Any amount of breastmilk you provide for your baby helps get him off to a healthier start.
- » Spend time with other breastfeeding mothers, but remember that all babies are different and there is a wide range of normal newborn behavior.
- » Your baby is learning to trust that you are there to feed and comfort him; he may seem calmer and cry less.
- » You might not feel the letdown reflex, or its intensity may have subsided.
- » Continue to keep a flexible feeding schedule. Nighttime feedings are still expected, but your baby might sleep for 4-5 hour stretches at night.
- » The breast fullness you had the first several weeks is less, but this does not mean you don't have enough milk. Your body is just getting adjusted to its new role.
- » If you are using any formula, your body may decrease the amount of milk it makes because you are skipping a feeding.
- » Take a nap each day, as fatigue is your worst enemy.
- » Breastfeeding your baby frequently is the best way to have plenty of milk and a satisfied baby.
- » Eat anything you want in moderation and drink plenty of water.
- » You may find your pre-pregnant figure beginning to return as you burn calories making breastmilk.

Call your breastfeeding helper for advice or support if:

- » Your nipples are still sore when your baby latches on and throughout the feeding.
- » You don't think you have enough milk for your baby.
- » You have questions about pumping and storing milk.
- » You are feeling overwhelmed and just need to hear a friendly voice.

BREASTFEEDING YOUR 3-4 MONTH OLD

WHAT TO EXPECT!

During this time your baby may:

- » Sleep and cry less and spend more time learning about her world
- » Start to reach for mobiles, rattles, and small toys, and grasp a rattle when it is handed to her
- » Begin to drool, especially in the 4th month
- » Roll over, usually from stomach to back first
- » Start laughing and making sounds like “aaaaa” and “oooo”
- » Begin sleeping through the night
- » Watch you walk across a room

Things your baby may enjoy:

- » Taking a bath and learning to splash
- » A child-proof mirror on the edge of the crib
- » Your singing!
- » Playing pat-a-cake, by clapping her hands together
- » Going for a ride in a stroller

Breastfeeding during this time:

- » Breastmilk is all your baby needs to stay healthy and grow. Cereal is not necessary at this time, and giving solids too soon will decrease your milk supply.
- » Around 3 months, some babies experience a “growth spurt” and want to nurse more frequently. If this happens, just breastfeed your baby more often, rest, and avoid the temptation to give formula. This is nature’s way of increasing your milk supply as your baby grows.
- » If your breasts leaked, the worst is usually over. It may just occur at feeding times or during the night if your baby sleeps for a longer stretch of time than usual.
- » You should discuss birth control with your doctor/midwife at your postpartum check-up because it is possible to become pregnant while breastfeeding.
- » It is normal not to be interested in sex the way you were before having your baby. Talk to your partner because some partners may feel like they are in competition with the baby.
- » Around 4 months or so, your baby may pat the breast lovingly while nursing.

Call your breastfeeding helper for advice or support if:

- » You are returning to work and have questions about pumping and storing breastmilk.
- » You just need a friend or someone to tell you what a great job you are doing.

BREASTFEEDING YOUR 5-6 MONTH OLD

WHAT TO EXPECT!

During this time your baby may:

- » Shake and bang things
- » Roll over, tummy to back and back to tummy
- » Sit with support
- » Put things in his mouth
- » Reach out to be picked up
- » Turn his head when he hears your voice, even if you are across the room
- » Start to become aware of strangers

Things your baby may enjoy:

- » A small ball to roll and hold onto
- » Soft toys that he can put into his mouth
- » An activity gym with things to reach for that move when hit
- » Toys that make noises when they are shaken or squeezed

Breastfeeding during this time:

- » Your baby will continue to get antibodies from you that will protect him from common illnesses.
- » Your baby will become easily distracted while nursing but this does not mean he is not interested in continuing to breastfeed. Babies are just very curious about their world, and this is a healthy sign of normal development.
- » Your baby may nurse for shorter periods of time because he is very efficient at breastfeeding now, and he requires less time to satisfy his hunger needs.
- » Drooling and sucking on fingers is common and may mean the start of teething. Nursing may make your baby's gums tender, and he may pull away from the breast abruptly.
- » You will most likely begin feeding your baby solid foods now. Do this slowly, starting with single grain cereals like rice or barley, then fruits, vegetables, and meats. Allow at least several days to a week between each new food to check for different allergies.

Call your breastfeeding helper for advice or support if:

- » You just need someone to talk to who understands what it is like to have a new baby.
- » You have questions about any aspect of breastfeeding.

BREASTFEEDING YOUR 7-8 MONTH OLD WHAT TO EXPECT!

During this time your baby may:

- » Have her first tooth (7 months is the most common age)
- » Drool and chew on everything
- » Begin to crawl or just rock on hands and knees
- » Reach for the spoon during feedings
- » Sit alone without support
- » Cry in different ways to say she is hurt, wet, or hungry
- » Close her mouth and turn her head away when she is no longer hungry
- » Show signs of anxiety when separated from parent

Things your baby may enjoy:

- » Searching for toys hidden under a blanket or basket
- » Dropping objects over the edge of the crib or high chair
- » Following a ball rolling away from her
- » Smiling at herself in the mirror

Breastfeeding during this time:

- » If your baby reacts fearfully to a stranger, she may turn to you for comfort and reassurance and increase her feedings. This need for closeness will eventually help your baby become more independent, so do not view it as a step backwards.
- » This can be a time when mothers feel pressure from others to wean because the baby seems so independent, but the security of nursing is still an important factor in the baby's life.
- » Biting during teething is common. If this happens, immediately take your baby off the breast and wait for a few seconds, then try feeding again. You may have to do this several times. Avoid yelling at your baby. Yelling might make her refuse the breast.
- » Nursing strikes (sudden loss of interest in the breast) can occur, and the reason is often not known. You may need to pump for comfort and to maintain your milk supply. Sometimes mother-to-baby skin-to-skin contact helps the baby return to the breast.

Call your breastfeeding helper for advice or support if:

- » You need support, encouragement, and reminding that you are providing something no one else can for your baby.
- » You have decided to wean your baby and need helpful tips to make it easier for you and your baby.

BREASTFEEDING YOUR 9-10 MONTH OLD

WHAT TO EXPECT!

During this time your baby may:

- » Crawl or attempt to crawl
- » Pull to standing position while holding onto furniture
- » Play peek-a-boo or wave bye-bye after seeing you do it
- » Look at the right person when someone says “mama” or “dada”
- » Explore the home. Make sure it has been baby-proofed and that your baby is never left unattended if not in a playpen
- » Understand if you say “no”

Things your baby may enjoy:

- » Stacking rings or soft blocks
- » Pop-up toys
- » Inflatable rolls (never balloons)
- » First books
- » Safe household objects such as sauce pans, lids, and wooden spoons

Breastfeeding during this time:

- » Your baby is still receiving important nourishment that only you can provide.
- » Your baby may hold onto the breast with one or both hands while nursing.
- » Babies become easily distracted at the breast and may interrupt their feedings frequently.
- » Your baby enjoys finger foods at this time. They give him a sense of independence.
- » Your baby can join the rest of the family for meals as he begins to develop a regular pattern of three meals a day.
- » Remember that if you wean your baby, he should receive formula. He is still too young for cow’s milk. The American Academy of Pediatrics recommends breastmilk for at least the first year of life.
- » If breastfeeding is decreasing as you introduce table foods, you may see a change in your baby’s bowel movements; they will become firmer and may at times be difficult to pass. If this occurs, increase the time at the breast, and consult the baby’s doctor if the problem persists.

Call your breastfeeding helper for advice or support if:

- » Your breasts are unusually full and firm, and you think you might have an infection because your baby is suddenly nursing less.
- » You have questions about weaning your baby or continuing to provide breastmilk as your baby reaches his first birthday.

BREASTFEEDING YOUR 11-12 MONTH OLD WHAT TO EXPECT!

During this time your baby may:

- » Hand you an object on request
- » Follow simple directions, such as “clap hands,” and “give it to Mommy”
- » Show affection towards familiar people
- » Stand alone for a few seconds and even try to walk a few steps
- » Help with dressing by putting out arms for sleeves and feet for shoes
- » Shake her head “no”
- » Pay attention to conversations

Things your baby may enjoy:

- » Responding to music by dancing or bouncing
- » Putting blocks in and out of a container
- » Opening and closing cabinet doors
- » Drinking from a cup
- » Simple musical toys
- » Push and pull toys

Breastfeeding during this time:

- » You may want to keep a toy or a snack with you when you go out in case your baby gets fussy and you are uncomfortable breastfeeding an older baby in public.
- » Breastfeeding provides both nutritional advantages and emotional security for toddlers and it is okay to continue to breastfeed.
- » It is also normal to sometimes feel irritated by your baby at the breast; this may help you know that it may be time to wean your baby.
- » Whatever you decide about continuing to breastfeed or not, it is your decision and should be respected.
- » Many babies will wean themselves down to just 2-3 feedings a day, depending on how much solid food they are getting.
- » Even nursing once or twice a day can be relaxing and enjoyable for you and your baby. It encourages a slow and gradual weaning process.

Call your breastfeeding helper for advice or support if:

- » You are feeling pressured by anyone to stop breastfeeding your baby.
- » You need someone to help educate others about the benefits of continued breastfeeding.

FREQUENTLY ASKED QUESTIONS ABOUT BREASTFEEDING

OUTLINE

General Questions

Questions about Mother

- » Breast Concerns
- » Nutrition Concerns
- » Social Concerns
- » Birth Control Options

Questions about Baby

GENERAL QUESTIONS

Why should I breastfeed?

- » Breastfeeding is something only a mother can do for her baby. Breastfeeding helps a mother bond with her baby. Physical contact is important to newborns and can help them feel more secure, warm, and comforted.
- » Breastmilk is the most complete form of nutrition for infants. It's always convenient, fresh, and the right temperature. A mother's milk has just the right amount of fat, sugar, water, and protein that is needed for her baby's growth and development. It is easier for most babies to digest breast milk than formula.
- » Breastfeeding helps a mother to recover from pregnancy and childbirth. It helps the uterus to get back to its original size and reduces any bleeding a woman may have after giving birth. It also uses up extra calories, making it easier to lose weight gained during pregnancy.
- » Breastfed babies are healthier. They have fewer sick visits and are hospitalized less often.
- » Breastfeeding lowers a mother's risk of breast cancer and may lower her risk of ovarian cancer.

When should I start breastfeeding?

You should nurse your baby as soon as possible after birth, preferably within the first hour of life when the baby's sucking instinct is strong. Early and frequent feedings of your early milk, called colostrum (a yellowish fluid full of antibodies), helps protect your baby from disease. Your mature milk will come in within a few days after delivery.

How long do I need to breastfeed?

Experts recommend that babies receive only breastmilk – no formula – for the first six months of life. Continue to breastfeed for 12 months or longer adding age appropriate solids when the baby shows signs of readiness.

How often do I need to breastfeed?

Newborns need to nurse often, at least 8 to 10 times in a 24 hour period, and not on a strict schedule. This will help the mother's breasts to produce plenty of milk. Breastfed babies eat more often than bottle-fed babies. This is because breast milk is easier to digest than formula.

Is there any time when a woman should not breastfeed?

Sickness/Illness: Some women think that when they are sick, they should not breastfeed.

However, most common illnesses, such as colds, flu, or diarrhea, can't be passed through breast milk. In fact, if a mother is sick, her breast milk will have antibodies in it. These antibodies will help protect her baby from getting the same sickness.

HIV: HIV, the virus that causes AIDS, can pass through breastmilk. Women in the United States who are HIV positive should not breastfeed. An option for an HIV positive mother could be donor milk from a milk bank. Ask your health care provider about donor milk, which must be purchased.

Galactosemia: All babies born in Rhode Island are tested for a rare condition called galactosemia. Babies with galactosemia should not be breastfed. If this condition runs in your baby's family, please talk with your doctor.

Tobacco: While it is best for your baby to have no exposure to tobacco smoke, the benefits to your baby from breastfeeding outweigh some of the risks of tobacco exposure. Breastmilk will help your baby stay healthier and lower the risk of crib death (SIDS). Please call 1-800-Try to Stop and speak with your doctor to help you quit or cut down on smoking.

Street Drugs: Women who use drugs should not breastfeed. Drugs used by a breastfeeding mother can affect her baby. Babies can become addicted to drugs and have serious side effects such as irritability, poor sleeping patterns, tremors, and vomiting. Mothers on methadone or other treatments for heroin addiction can breastfeed their babies.

Alcohol: When a breastfeeding mother drinks alcohol, it passes into the breastmilk. Once the mother's blood alcohol level returns to normal, the alcohol will leave the breastmilk. An occasional drink timed to avoid a feeding will not harm the baby. Too much alcohol may affect your ability to care for your baby. It may also decrease the amount of milk you make and cause the baby to gain weight too slowly or have developmental delays.

Food Allergies: In families with a strong history of food allergies, mothers should talk to allergy or breastfeeding experts about avoiding allergy-causing foods while breastfeeding. Sometimes a baby may have a reaction (such as vomiting, diarrhea, or a rash) to something the mother eats. This doesn't mean the baby is allergic to the mother's milk. If the mother stops eating whatever is bothering her baby, the problem will usually go away.

If I decide to breastfeed, is there a right way to do so?

Here are several tips for making breastfeeding a good experience for both mother and baby.

- » Nurse as soon as possible after birth and continue to breastfeed often.
- » Make sure the baby has a good deep latch. Nurse with the nipple and some of the areola (brown area surrounding the nipple) in the baby's mouth, not just the nipple.
- » Breastfeed on demand, whenever the baby seems hungry.
- » Try a support group. Some women find they have an easier time when they meet other breastfeeding moms.

When do I wean my breastfed child?

You can wean your child whenever and for whatever reason you and your child decide that the time has come. The simplest, most natural way to wean is when your child starts the process. Weaning begins naturally at six months, when iron-fortified solid foods are introduced. Some children begin to turn gradually away from breastfeeding and toward other forms of nutrition and comfort around one year of age. Others wean themselves during the toddler years as they become more physically active and less willing to sit still to nurse. If your baby refuses the breast but you are not ready to wean, or if you are ready to wean but are not sure how, a lactation consultant at a breastfeeding warm-line may be able to help.

QUESTIONS ABOUT MOTHER: BREAST CONCERNS

Does breastfeeding hurt?

Breastfeeding should not hurt. If your baby is latched on and positioned properly, you should not feel pain. Your baby's mouth should be wide open, with as much of the areola as far back into his or her mouth as possible. This minimizes soreness for you. Your baby should not nurse on the nipple only. If you feel pain, your baby is not latched onto your breast properly and you will need to call a lactation consultant at a breastfeeding warm-line for help.

Will my breasts become engorged if I am breastfeeding?

It is normal for breasts to feel full a few days after delivery. This feeling goes away by the time the baby is about 4 weeks old. Severe engorgement can be prevented by breastfeeding right after birth and continuing to feed the baby whenever he or she seems hungry. Your baby's

feedings should not be timed or delayed in any way in the first few weeks. Sleepy babies should be awakened every 3-4 hours to feed until a normal feeding pattern is developed. If your breasts are so full that the areola is hard, the baby may not be able to latch. Try warm compresses and expressing some milk before feeding. Call a lactation consultant or a breastfeeding warm-line for more help.

Will my breasts leak while I am breastfeeding?

It is common to have some leaking from one breast while the baby is nursing on the other breast or when feeding time is getting close. This is much less common after 3 or 4 months of nursing.

To prevent leaking:

- » Press firmly against the nipple with your arm for about one minute.
- » Wear protective clothing with nursing pads.
- » Change nursing pads often to allow the nipples to stay dry.
- » Avoid use of breast pads that have a plastic coating.

Can I breastfeed if my breasts are small?

Of course! Breast size is not related to the ability to produce milk for a baby. Breast size is determined by the amount of fatty tissue in the breast, not by the amount of milk-producing tissue. Most women, regardless of breast size, can make enough milk for their babies.

Can I still breastfeed after breast surgery?

Plastic surgery to enlarge breasts does not usually prevent breastfeeding. However, plastic surgery to reduce breast size is more likely to interfere with breastfeeding, especially if the nipples have been moved and milk ducts have been cut. Many women who have had this type of surgery are still able to breastfeed. Make sure that your doctor and your baby's doctor know about your surgery, because your baby will need to be watched closely to make sure he or she is getting enough breastmilk.

Can I breastfeed if I have a pierced nipple?

Pierced nipples do not usually interfere with breastfeeding, but any jewelry should be removed before a breastfeeding session to prevent your child from choking. If your piercing became infected when it was pierced or later, inform your doctor. Infection or scarring may make breastfeeding more difficult. Some of your breastmilk may leak through the pierced hole while you are breastfeeding. This is usually not a problem. If you have any questions, be sure to ask your pediatrician or a lactation consultant to check that your baby is nursing well.

QUESTIONS ABOUT MOTHER: NUTRITION CONCERNS

What foods do I need to eat while I am breastfeeding?

You can enjoy the foods you normally eat. It is best for you to eat a healthy, well-balanced diet, including five fruits and vegetables a day, but your breastmilk will still be good for your baby no matter what you eat. It is important to drink to fully satisfy thirst to replace the fluids you are losing when you breastfeed. You do not need to drink cow's milk to make good breastmilk. You can continue to take your prenatal vitamins. Rarely, a baby may get fussy or gassy after you have eaten a certain food because he or she is sensitive to that food.

Can I take medicine while I am breastfeeding?

Most medications will not enter breastmilk, but it is important to have your health care provider, lactation consultant, or pharmacist check on the safety of any medicine or herbal remedy you plan to take while breastfeeding.

Can I breastfeed and drink caffeine?

One or two cups (8 ounces = 1 cup) of a caffeinated beverage, such as coffee or soda, should not cause any problems for your baby. Large amounts of caffeine can reduce the amount of milk that you make or make your baby irritable.

QUESTIONS ABOUT MOTHER: SOCIAL CONCERNS

Will breastfeeding tie me to my home?

Not at all! Breastfeeding can be convenient no matter where you are because you don't have to bring along feeding equipment like bottles, water, or formula. Your baby is all you need. Even if you want to breastfeed in private, you usually can find a woman's lounge or fitting room. If you want to go out without your baby, you can pump your milk beforehand and leave it for someone else to give your baby while you are gone.

What do I do when I need to breastfeed outside my home?

You can breastfeed in public, without anyone knowing, by wearing clothes that allow easy access to your breasts, such as button down shirts. By placing a receiving blanket over your baby and your breast, most people won't even know that you are breastfeeding. It's helpful to breastfeed before the baby becomes fussy so that you can get into a comfortable position for feeding. You also can purchase a nursing cover or baby sling for added privacy. Many stores have women's lounges or dressing rooms, if you want to slip into one of those to breastfeed. A Rhode Island law permits breastfeeding in any public place.

Will my partner be jealous if I breastfeed?

If you prepare your partner and other close family members in advance, they should not be jealous. Explain that you want and need their support. Explain to them the important benefits of breastfeeding. You can tell them that breastfeeding will give this child the best start at life, with benefits that can last well into childhood. Be sure to say how much money the family will save. Tell them it will cost hundreds of dollars a month to pay for formula – money that could go to bills, savings, shopping, or a family vacation.

How can my partner help?

Your partner and other close family members can be there to support and encourage you while you and the baby are learning to breastfeed. In the hospital, they can limit visitors so you can rest and learn to feed the baby. Family members can hold and cuddle the baby and bring the baby to you to nurse. They can help with changing and burping the baby, sharing chores, and by simply sitting with you and the baby to enjoy the special mood that breastfeeding creates.

Can I still breastfeed when I go back to work?

With careful planning, you can still breastfeed when you go back to work. If your job allows, you can pump your breast milk a few times during the day and refrigerate or freeze it for your baby to take in a bottle later. Or, some women nurse at night and on weekends and give their babies daytime bottles of formula. A mother's milk production can adapt to this type of schedule.

If your job does not have a lactation program, ask your supervisor or human resources department to arrange for your needs. Working mothers who breastfeed need a private, clean space at work where they can pump milk, a storage place for the milk, and breaks during the day when they can pump milk. Rhode Island has a *Nursing Working Mother's Law* to encourage employers to support breastfeeding women by providing these resources. Give your supervisor a copy of the law to start a conversation about your breastfeeding needs.

Where can I rent a breast pump?

Talk to your health care provider or a lactation consultant at a breastfeeding warm-line about whether a breast pump will meet your needs.

How much do breastfeeding pumps cost and what kind will I need?

Your health insurance plan may provide breast pumps or cover the cost of renting or buying a breast pump. Breast pumps range in price from under \$50 (manual/ hand pump or battery powered pumps) to several hundred dollars (electrical and hospital grade pumps). If you're only going to be away from your baby a few hours a week, then you can purchase a hand pump or one of the less expensive ones. If you're going back to work, it is worth investing in a good

quality electric pump. You can purchase these from some retail stores or online, but most are available for purchase or rent through lactation consultants, at local hospitals, or from a breastfeeding organization.

QUESTIONS ABOUT MOTHER: BIRTH CONTROL OPTIONS

Will breastfeeding keep me from getting pregnant?

When a woman breastfeeds, her ovaries can stop releasing eggs, making it harder for her to get pregnant. A woman's periods can also stop, but that does not guarantee that she will not get pregnant while nursing. The only way to make sure pregnancy does not occur is to use a method of birth control. Most birth control pills are not safe to use when a woman is nursing. The only safe birth control pill to use is the "mini-pill." Talk with your health care provider about what birth control method is best for you while nursing.

QUESTIONS ABOUT BABY

How do I hold my baby when I breastfeed?

There are several different ways to hold your baby when you breastfeed: the Cradle hold, the Football hold, the Side-Lying hold, and the Cross-Cradle hold. Talk to breastfeeding warm-line staff or your lactation consultant to find out how to hold the baby in each of these ways.

How do I know my baby is getting enough breast milk?

Babies have different eating and diaper habits. The most common signs that babies are getting enough milk are:

- » The baby nurses well 8-12 times daily and seems satisfied when done.
- » At least 6-8 wet diapers and 3-5 loose, yellow, seedy-looking stools a day.
- » A 4-8 ounce weight gain weekly, after the first week of age.

Should I give my baby water or cereal while I am breastfeeding?

Breastmilk is all your baby will need for about the first 6 months of life. You don't have to give your baby water, juice, or infant formula. These things can interfere with your milk supply if you give them to your baby in the early months. Solid foods can be given when the baby is about 6 months old, but a baby can drink breastmilk for as long as mother and baby wish.

Can I give my baby a bottle or pacifier while I breastfeed?

Avoid bottle nipples until your baby gets used to feeding at your breast – when the baby is about 4 to 6 weeks old. Also avoid using pacifiers, especially during the first 3 weeks of life. Bottle nipples and pacifiers require a different sucking pattern than breastfeeding. It is possible for the baby to become confused about how to suck at the breast and how to suck from a bottle nipple or pacifier.

What are my baby's stools supposed to look like?

A breastfed baby's stool will change from a black, tarry, sticky substance to a loose, yellow, seedy appearance in the first 4 days. If these changes do not happen, call your baby's doctor. After 8 to 12 weeks, your baby may not have a bowel movement every day. As long as your baby is breastfeeding, his stool will be loose, unformed, and seedy. It's usually yellow-green to tan in color and may smell like sour milk.

Can I breastfeed my teething baby?

Many babies with teeth never bite when breastfeeding. A baby cannot bite while actually breastfeeding because her tongue covers her lower teeth. A baby who nips the breast as she starts to pull away near the end of a feeding can be taught to stop. If your baby is teething and you are afraid that she may bite you, keep your finger ready to break the suction and remove your breast as soon as the rhythmic suckling stops.

SOURCES

Answers to questions adapted from: The National Women's Health Information Center: Breastfeeding and An Easy Guide to Breastfeeding for African-American Women, Office of Women's Health, Department of Health and Human Services; New Mother's Guide to Breastfeeding, American Academy of Pediatrics; Rhode Island Breastfeeding Coalition (answers may be adapted from Loving Support Makes Breastfeeding Work campaign materials).

Tips for New Moms

- Breastfeed your newborn shortly after birth, and at least 8 times in 24 hours.
- Breastfeed your newborn every time he or she is hungry.
- Call a woman-line with any questions or concerns about breastfeeding.
- Do not give your baby infant formula before talking with a woman-line consultant. Feeding your baby infant formula may make a problem worse.



Did you know?

Rhode Island has passed laws to protect breastfeeding mothers;

- Mothers breastfeeding in public are excluded from disorderly conduct laws (1998)
- Employers should provide a breast-feeding mother with flexible hours and a safe, clean, private place to pump breastmilk or breastfeed her child (2003)

Breastfeeding Resources

Family Health Information Line
1-800-942-7434

Highly trained nurses to breastfeeding questions and referrals to local resources

Breastfeeding Resource Directory
www.healthri.gov/topics/breastfeeding.pdf
Breastfeeding information and resources for Rhode Island mothers

Women, Infants & Children (WIC)
1-800-942-7434

www.healthri.gov/family/wic/wmatl.cfm
Breastfeeding promotion and support in the Rhode Island WIC Program

La Leche League International
1-847-519-7730

www.la lecheleague.org

Support from other breastfeeding mothers by telephone or at local meetings

National Women's Health Information Center

1-800-994-WOMAN (9662)

www4.woman.gov/Breastfeeding/index.htm
Breastfeeding information and resources for mothers

Breastfeeding.com

www.breastfeeding.com

Breastfeeding resources, tips, advocacy, humor, shopping, pictures and chat rooms



WIC 11/02

Tips and Resources for Breastfeeding Mothers



MAST HEADLINE: PARENT, TEEN, FAMILY
BROODER: TWO-WHEEL MENTOR OF HEALTH

Signs that your baby may not be getting enough breastmilk

Call a breastfeeding warm-line if you notice any of these signs that your baby may not be getting enough breastmilk.

When your baby is 4 days old, call a warm-line if:

- Your baby has lost weight at the first medical visit after hospital discharge
- Your baby still has black, tarry stools
- Your baby has fewer than 3 stools a day
- Your baby has fewer than 6 wet diapers a day

Before your baby is 2 weeks old, call a warm-line if:

- Your baby breastfeeds fewer than 8 times in 24 hours
- Your baby is sleepy, fussy and/or refuses to breastfeed
- Your baby mostly breastfeeds too short or too long and still seems hungry after breastfeeding
- The inside of your baby's mouth, eyes and nose are dry
- Your baby's urine looks red or orange (with or without crystals) in the diaper
- Your baby's skin looks yellow below the stomach
- Your baby has a white coating on its tongue and inner cheeks that is not easily wiped away

When your baby is 2 weeks old, call a warm-line if:

- Your baby is below its birth weight

At any time after birth, call a warm-line if:

- Your nipples are painful, cracked, blistered, bleeding or have a rash
- Your early yellow breast milk (colostrum) is not replaced by mature milk 5 days after birth
- Your breasts feel uncomfortably full even after breastfeeding or pumping
- Your breasts are painful, burning, lumpy, red and/or tender
- You have a fever



Breastfeeding Warm-Lines

Mothers may call any of these numbers with questions or concerns about breastfeeding. Support groups are also available through many of these hospitals.

Kent County Hospital

737-7000 x3332

Leave a message and a lactation consultant will call you back.

Landmark Medical Center

769-4100 x2218

24-hour call-in assistance available.

Memorial Hospital

729-2291

24-hour call-in assistance available.

Newport Hospital

845-1110

24-hour call-in assistance available.

South County Hospital

782-8000 x1226

Leave a message and a lactation consultant will call you back.

Westerly Hospital

348-2229

24-hour call-in assistance available.

Women and Infants Hospital

1-800-711-7011

Monday through Friday 9 am to 9 pm, Saturday and Sunday 9 am to 5 pm. Leave a message and a nurse will return your call. Appointments are available for mothers after hospital discharge. Services are provided in English and Spanish.

Preparing and Storing Breastmilk

Tips for Childcare Providers

It is important that you properly store and handle breastmilk to keep it from spoiling

Ask mothers to follow these steps at home:

- Pump breastmilk into either a bottle or special breastmilk collection bag. Fill the container with the amount of breastmilk the baby usually drinks at one feeding.
- Label the container with:
 - Baby's name
 - Date and time that the breastmilk was pumped
- Store the breastmilk in the refrigerator or freezer right after it is pumped.
- Bring containers of fresh or frozen breastmilk to the childcare center in a cooler with an ice pack to keep it cold.

Follow these steps yourself when storing breastmilk:

Fresh Breastmilk (breastmilk that has never been frozen):

- Check that each container is labeled with the baby's name and the date the breastmilk was pumped. Never accept a container without a label.
- Refrigerate breastmilk immediately. Never allow breastmilk to stand at room temperature.
- Throw out breastmilk that has been in the refrigerator for more than 3 days.

Frozen Breastmilk:

- Check that each container is labeled with the baby's name and the date the breastmilk was pumped. Never accept a container without a label.
- Store frozen breastmilk in the back of the freezer. Never store breastmilk on the freezer door or in the front of the freezer.
- Keep frozen breastmilk in the freezer until it is needed for feeding. Never allow breastmilk to stand at room temperature.
- Throw out breastmilk that has been in the freezer for 3 months.

Thawing frozen breastmilk

Tips for thawing frozen breastmilk:

- Never thaw breastmilk on the stove or in a microwave. Heating breastmilk in these ways destroys important nutrients that protect a baby's health.
- Thawed breastmilk may be kept in the refrigerator for up to 24 hours.
- Never refreeze thawed breastmilk.

There are three different ways to thaw frozen breastmilk:

Method 1

Let breastmilk thaw in the refrigerator until you are ready to use it.

Method 2

Hold the container of breastmilk under warm running water until the milk thaws and reaches room temperature.

Method 3

Put the container of frozen breastmilk into warm water until the milk thaws and reaches room temperature.

Feeding tips

- Use oldest breastmilk first.
- Shake the bottle to mix the breastmilk.
- Follow the baby's lead in the amount of breastmilk to feed. Stop feeding the baby when he or she loses interest.
- Throw away any breastmilk left in the bottle after the feeding.
- Send empty bottles home each day with parents for cleaning. Do not reuse bottles until they have been cleaned.

For more information call the
Family Health Information Line:
1-800-942-7434



support Breastfeeding Mothers

You can help mothers continue breastfeeding when returning to work or school

To help a mother breastfeed you can:

- > Offer her a comfortable place to pump breastmilk or breastfeed her baby when she visits.
- > Encourage her to get the baby used to being fed pumped breastmilk before starting childcare. Let her know that it is helpful if the baby is comfortable taking a bottle from someone other than the mother.
- > Feed her baby infant formula **only if she requests it**.
- > Discuss the baby's usual feeding schedule. Ask whether she wants you to time the baby's last feeding so that the baby is hungry and ready to breastfeed when she arrives. Ask her to call if she is going to miss a feeding or be late.
- > Encourage her to provide a back-up supply of frozen or refrigerated pumped breastmilk in case the baby needs to eat more often than usual.
- > Share information about other places in the community that can answer her questions and concerns about breastfeeding.

Tell her about the benefits of breastfeeding

Breastmilk benefits babies:

- > Contains nutrients that reduce infections and food allergies
- > Protects against asthma and diabetes
- > Enhances brain development
- > May protect against obesity

Breastfeeding benefits mothers:

- > Helps mothers recover from pregnancy and get back into shape more quickly
- > Protects against some types of cancer
- > Saves time and money

Breastfeeding resources for mothers

Family Health Information Line

1-800-942-7434

Addresses basic breastfeeding questions and concerns and provides local referrals

La Leche League International

1-847-519-7730

www.lalecheleague.org

Breastfeeding support and information by telephone and monthly meetings

Rhode Island Breastfeeding Resource Directory

www.health.ri.gov/topics/breastfeeding.pdf

Local breastfeeding resources for mothers and their health care providers

All Rhode Island birthing hospitals have "warm-line" phone services that mothers can call after discharge if they have questions or concerns about breastfeeding. Contact your local hospital or the Family Health Information Line for warm-line phone numbers.

For more information call the
Family Health Information Line:
1-800-942-7434

MAKE HEALTH PART OF YOUR FAMILY
RHODE ISLAND DEPARTMENT OF HEALTH

BIRTH WEIGHT CONVERSION TABLES

INFANT WEIGHT LOSS CHART (GRAMS)											
BW	8% LOSS	BW	8% LOSS	BW	8% LOSS	BW	8% LOSS	BW	8% LOSS	BW	8% LOSS
2041	1878	2495	2295	2948	2712	3402	3130	3856	3548	4309	3964
2070	1904	2523	2321	2977	2739	3430	3156	3884	3573	4337	3990
2098	1930	2551	2347	3005	2765	3459	3182	3912	3599	4366	4017
2126	1956	2580	2374	3033	2790	3487	3208	3941	3626	4394	4042
2155	1983	2608	2399	3062	2817	3515	3234	3969	3651	4423	4069
2183	2008	2637	2426	3090	2843	3544	3260	3997	3677	4451	4095
2211	2034	2665	2452	3118	2869	3572	3286	4026	3704	4479	4121
2240	2061	2693	2478	3147	2895	3600	3312	4054	3730	4508	4147
2268	2087	2722	2504	3175	2921	3629	3339	4082	3755	4536	4173
2296	2112	2750	2530	3203	2947	3657	3364	4111	3782	4564	4199
2325	2139	2778	2556	3232	2973	3685	3390	4139	3808	4593	4226
2353	2165	2807	2582	3260	2999	3714	3417	4167	3834	4621	4251
2381	2191	2835	2608	3289	3026	3742	3443	4196	3860	4649	4277
2410	2217	2863	2634	3317	3052	3770	3468	4224	3886	4678	4304
2438	2243	2892	2661	3345	3077	3799	3495	4252	3912	4706	4330
2466	2269	2920	2686	3374	3104	3827	3521	4281	3939	4734	3455

INFANT WEIGHT LOSS CHART (POUNDS)											
BW	8% LOSS	BW	8% LOSS	BW	8% LOSS	BW	8% LOSS	BW	8% LOSS	BW	8% LOSS
4-8	4-2	5-8	5-1	6-8	6-0	7-8	6-15	8-8	7-13	9-8	8-12
4-9	4-3	5-9	5-2	6-9	6-1	7-9	6-15.5	8-9	7-14	9-9	8-13
4-10	4-4	5-10	5-3	6-10	6-2	7-10	7-0	8-10	7-15	9-10	8-14
4-11	4-5	5-11	5-4	6-11	6-2.5	7-11	7-1	8-11	8-0	9-11	8-15
4-12	4-6	5-12	5-5	6-12	6-3	7-12	7-2	8-12	8-1	9-12	9-0
4-13	4-7	5-13	5-6	6-13	6-4	7-13	7-3	8-13	8-2	9-13	9-1
4-14	4-8	5-14	5-7	6-14	6-5	7-14	7-4	8-14	8-3	9-14	9-2
4-15	4-9	5-15	5-8	6-15	6-6	7-15	7-5	8-15	8-3.5	9-15	9-2.5
5-0	4-10	6-0	5-8.5	7-0	6-7	8-0	7-6	9-0	8-4	10-0	9-3
5-1	4-11	6-1	5-9	7-1	6-8	8-1	7-7	9-1	8-5	10-1	9-4
5-2	4-11.5	6-2	5-10	7-2	6-9	8-2	7-8	9-2	8-6	10-2	9-5
5-3	4-12	6-3	5-11	7-3	6-10	8-3	7-9	9-3	8-7	10-3	9-6
5-4	4-13	6-4	5-12	7-4	6-11	8-4	7-10	9-4	8-8	10-4	9-7
5-5	4-14	6-5	5-13	7-5	6-12	8-5	7-11	9-5	8-9	10-5	9-8
5-6	4-15	6-6	5-14	7-6	6-13	8-6	7-11.5	9-6	8-10	10-6	9-9
5-7	5-0	6-7	5-15	7-7	6-14	8-7	7-12	9-7	8-11	10-7	9-10

THE RHODE ISLAND BREASTFEEDING COALITION

The Rhode Island Breastfeeding Coalition meets on the third Friday of every month except December in the Beck Conference Room at the Rhode Island Department of Health from 12:00 to 1:30 p.m. Professionals and those interested in promoting and supporting breastfeeding are welcome to attend.

Contact the Family Health Information Line at 800-942-7434 or the Rhode Island Department of Health Breastfeeding Web Pages at www.health.ri.gov/family/breastfeeding for additional information.

Rhode Island Department of Health, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Non-Discrimination Statement:

“In accordance with Federal law and U.S. Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer. For sex or handicap complaints, contact the State Equal Opportunity Office, One Capitol Hill, Providence, RI 02908.”

Disclaimer: We have tried our best to include all local breastfeeding sources as of Spring 2005. Representatives of other breastfeeding resources or services can contact the Family Health Information Line at 800-942-7434 to be listed in the next published edition.

MAKE HE^{ART} WITH PART OF YOUR FAMILY
RHODE ISLAND DEPARTMENT OF HEALTH